

CHILD CARE AGREEMENT

- The following agreement is being entered into by:

_____ and _____
(Provider) (Parents/Guardians)

For the care of _____
(Name of Child or Children)

Care will be provided for the following days and times:

S M T W TH F S (Circle those that apply)

Hours: From _____ to _____

Payment of _____ is to be paid _____

Please submit completed:

- 1. Emergency Form
- 2. Current Immunizations Record obtain
- 3. Health Inventory
- 4. Parent's Guide to Regulated Child Care Receipt or

@ [http://marviandpublicschools.org/MSDE\(divisions/child care/licensing branch/parent guide.html](http://marviandpublicschools.org/MSDE(divisions/child%20care/licensing%20branch/parent%20guide.html)

Exclusion for Acute illness

Children will be excluded from care if they exhibit any of the following symptoms:

- 1) Fever
- 2) Vomiting
- 3) Diarrhea
- 4) Seizure
- 5) Severe Pain
- 6) Rash

Children who have a serious transmissible or communicable disease will also be excluded during the period of exclusion for that infection or disease.

Provision of Food — Provider will supply healthy snacks and beverages that comply with guidelines of the Child & Adult Care Food Program.

The following will be furnished by the provider (Circle all that apply)

Breakfast Lunch Dinner

Regulations require that there be no more than a 3-hour interval between meals and snacks. Parents are to provide any required meals not circled above and any infant foods. Foods brought from home should be nutritious and in amounts appropriate for the child's age.

Permission to Transport

_____ has permission to transport my child/children to:

(Outings which occur on a regular basis)

A separate permission form will be required for all other field trips.

Appropriate safety seats and seat belts will be used at all times for transporting.

Medication

Medication (nonprescription or prescription) will not be administered without written parental and health practitioner permission on the Medication Authorization form. The provider is not to administer the first dose of any medication. There must also be parental written permission for application of over the counter preventative treatments including: diaper ointments, insect repellants, and sunscreens.

Discipline Policy

Procedures for discipline will not include the deliberate infliction in any manner of any type of physical pain or emotional harm. To guide children's behavior I plan to:

Pet Policy

The following pets reside here: **No Pets Allowed**

Screen Time Policy — Younger than 2 years old may not be permitted to view any passive technology and 2 years old and older may not view more than 30 minutes of age-appropriate educational passive technology per week. No passive or interactive technology shall be viewed during meal or snack. Therefore I will:

Volunteers (if applicable):

if overnight care, the approved sleeping arrangements are:

Termination of Care

Any violation of this agreement may be just cause for termination of care. Any other termination of care requires a two-week notice by either party.

Provider Signature

Date

Parent Signature

Date