

Provider's Program Name

Contract and Policies

Provider: Jane Doe

Address: AFB Road

Home Phone: 123-456-7890

Cell Phone: 123-456-7890

Email: you@something.com

My Childcare Philosophy

As a family childcare provider my goal is to provide a safe and happy environment for children where they can learn and grow physically, emotionally, intellectually, and socially at their own pace. I believe children learn through play, and benefit from a structured yet flexible schedule. Activities and Curriculum will be offered which stimulate sensory, motor development, language development, and social interactions.

Children will learn through play. Children will be exposed to social skills development, and encourage creative expression. I will utilize a variety of activities to accomplish this goal. There will be child-initiated play and adult initiated play, such as: reading, arts and crafts, music/singing, dancing, dramatic play/pretend, puzzles, science, shapes, colors, educational TV/videos, etc. Some of the projects will be taken home. The development of strong self-esteem is also a major goal. Children will be taught to respect each other, adults, and property. Please think of my home as your child's home away from home.

The following policies are for my FCC Home. This contract and its policies become effective upon signature of/approval by parent(s)/guardian(s) and the FCC provider.

Thank you for choosing my home for your child's care! Please read this contract and policies thoroughly as it covers policies and procedures related to the care of your child. If there is something in my contract that concerns you or that you do not understand, please feel free to discuss it with me.

Once you have read each item, please initial on the line next to the Topic. If possible, I prefer that both parents meet with me and go over contract/agreement/handbook and accompanying forms to ensure that parent(s)/guardian(s) agreement with the policies and understand them.

Enrollment Initial _____

Before care can begin all required forms must be signed and returned.

The forms needed to be completed are:

- Completed and signed contract and policies (this document)
- Admission information
- AF Form 1181 (registration form)
- Copy of Immunization records (must be current)
- USDA Enrollment Form (if applicable)
- Product Administration Permission Form (lip balm, sunscreen, etc., if applicable)
- As well as all other required documentation

Deposit of one week's payment/fee is required to reserve your child care space. Parents must declare a specific start date. Slots will not be held for longer than two weeks, Care is to begin on the contracted start date; the deposit will be used as the payment/fee for the first week of child care. This deposit is not refundable.

Immunizations Initial _____

You must provide current documentation record showing your child's immunization before his/her first day. An annual flu shot is required.

Parent Visits/Open Door Policy Initial _____

I maintain an open-door policy for parents. This means that you are always welcome to visit and see your child (ren) at any time during regular childcare hours, or while your child (ren) is present. I just ask that you are courteous and respectful to of all the children while you are present in the home.

Arrival and Departures Initial _____

Children are to arrive clean and fed (unless arriving before meal/snack times). Maintaining the appropriate child ratio is extremely important. Your drop off/pick up of child (ren) at the agreed upon times as indicated in this contract is a must (unless you work out something differently with me in advance). If you are expecting to drop off your child late or not at all please notify me by 9PM the prior evening. *Late arrival does not allow late pick up*. Please be on time daily for drop-off and pick-up so that your child will not miss meals and/or activities I have planned. Late fees will only be charged if pick-up is after our agreed time. Children’s hands must be washed in my home at time of arrival. Please assist your child if needed.

Hours of Operation Initials _____

This family child care home is regulated by the Department of the Air Force. I am able to care for up to **6** children between the ages of 6 weeks to 12 years old, including my own children under the age of 8 years. I may work various hours for different parents based on their schedules. We will agree on your specific hours which will be listed below. I am here to care for your children in a safe environment so you may go to work and not worry about their care. Keep in mind, just as you like to get off early sometimes, your child would like to go home early also. Please let me know when you are scheduled off and I will do my best to make appointments for myself/family members during that time. This will save you from having to take off work to accommodate my appointments.

Please specify below.

Your specific contracted days and hours are: (Reminder: Full Time Fees cover up to 50 hours per week.)

Monday:	_____ to _____	<u>Notes/Comments:</u>
Tuesday:	_____ to _____	
Wednesday:	_____ to _____	
Thursday:	_____ to _____	
Friday:	_____ to _____	
Saturday:	_____ to _____	
Sunday:	_____ to _____	

Meals Initial _____

Meal/Snack Scheduled Times:

Breakfast	0800-0830
A.M. Snack:	1100-1130
Lunch	1400-1430
P.M. Snack:	1700-1730

I participate in the Child and Adult Care Food Program. Breakfast, lunch dinner and snacks are provided at no extra charge to you. The children are offered food and encouraged to try new foods. They are not forced to eat any part of the meal/snack but are highly encouraged to eat through provider role modeling health eating habits. If parent(s) are late in bringing the child for mealtimes, I will save a meal for up to 30mins if parent calls to notifying me that the child is arriving a little late. Otherwise, if arriving after scheduled mealtime due to late drop off, it is the parents' responsibility to feed their child (ren). The exception to this would, of course, be infants, who will be fed on demand. Menus are posted on the bulletin board.

INFANT FEEDING

Baby formula provided by the Parent/Guardian must be in factory-sealed containers in powdered form. If parents bring premade Human milk bottles, they must be labeled with the child's name and date of preparation and must be refrigerated immediately. Absolutely no cereal in bottles. Human milk will be stored in refrigerator for no more than 48 hours or no more than 24 hours if previously frozen. Frozen breast milk with more than a 3-month-old date will not be accepted. Formula or breast milk not completely consumed or refrigerated is discarded after 1 hour. Formula or human milk is warmed in a bowl of water at no more than 98.6 degrees F for no more than 5 minutes. Bottles are not heated in a microwave.

Based on the American Academy of Pediatrics (AAP) recommended guidelines an infant can be fed solid foods at 4 months, preferably 6 months. I will not introduce solid foods to your infant unless you have signed off and tried it with them first. No cow's milk or milk substitute will be given to a child under 12 months.

Payment Schedule Initial _____

Your weekly payment is due on the Friday before care is conducted. If a payment due date falls on a holiday or base down day or other no-care day, payment must be made the day before the holiday or base down day. You are responsible for any costs related to child care fees. Parent(s)/Guardian(s) agrees to pay all fees for any returned checks, plus any and all bank charges incurred by the provider due to returned check. I will accept Cash, Check, or Money Order, and I will provide you with a receipt for each payment. If payment for a check is declined, I will no longer accept checks as payment.

Late Payments Initial _____

If your payment is not made by Monday morning, your child will not be accepted into care until all payments, including late fees, are made. After ONE week (7 calendar days) without payment being received, the contract will be terminated, the position advertised/filled, and the collection process will begin.

Fees/Payment Initial _____

Full Time Rate: \$ _____ per week (Covers care up to 50 hrs per week).

Additional hours of care be added to your full-time contract may be arranged IN ADVANCE on a case-by-case basis if needed; all arrangements must be set up in advance and are at the discretion / availability of the provider. Cost will be \$10.00 per hour (or for any part of an hour).

Part Time Rate: (care hours from 0-25 hours per week) \$ _____/week

Daily Drop-in Rate \$ _____/day

Hourly Rate: \$ _____/hour

Holding Fee: \$ _____ for FT patrons (is non-refundable; will apply to first week's tuition)

\$ _____ for PT patrons (is non-refundable; will apply to first week's tuition)

Holding Fee: \$ _____ for each week you would like to hold the space thereafter.

Note: A late fee of \$ _____ per minute will be added to your rate for every minute your child is in my care beyond contracted pick-up time that has not been pre-approved.

Weekly Payment/Fee: Your weekly payment/Fee reserves a space for your child in my childcare program, and is NOT BASED ON DAYS YOUR CHILD IS IN ATTENDANCE. You are responsible for the weekly fee as long as your child remains enrolled. NO DISCOUNTS are given if your child does not attend. Full-time and Part-time weekly fee payments are required to be paid in full prior to your child's departure for vacation.

Subsidy Program Initial _____

(Optional Fee Program - Family Child Care Subsidy Program)

I am a provider who participates in the Family Child Care Subsidy Program. FCC Subsidy Program assists military and military affiliated parents with affordable child care by sharing the cost of parents' child care fees. Parents will pay weekly fees according to Total Family Income (TFI). Children must require full-time care per week due to parents' work or school. (Proof of full-time work and/or school must be provided.) Children must be on the CDC waiting lists. Parents must fill out a Subsidy Packet and provide required documentation. Approval is required from the AF higher-up level BEFORE weekly fee rates can be shared with Parent.

Know that If you would like to remain in my Family Child Care program even when you child's name is next on the waiting list you can decline the slot with the CDC and your child can remain in my program and still receive Subsidy as long as there is another child on the waiting list to take your child's offered spot.

To register for this program, please contact the office coordinators at 5FSS.FSYF.FCC@us.af.mil. If you do not qualify for this program or choose not to participate in this optional program, just mark N/A below. In this case, my regular fees will apply. Contractors do not qualify for this program.

_____ Yes, I plan to participate in the Subsidy Program. _____ No, I do not plan to participate in the Subsidy Program

* Regular weekly fees will apply as stated in this contract until patron's FCC Subsidy Packet and required documentation is submitted to higher AF level and fee is approved.

This section is to be completed after enrollment/approval in the FCC Subsidy Program (if applicable):

Subsidy Fee Category is: _____ New weekly fee is: \$ _____

This new rate will begin on (insert date): _____

Signature of Parent(s): _____

Signature of Provider: _____

Date: _____

Date: _____

Taxes Initials _____

I will supply you with a year-end summary of all child care fees paid during the year for tax purposes. This will be given to you by the last day in January. If termination occurs, I will mail a statement by the last day in January.

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Two-Week Trial Initials _____

The first two-weeks of care will be a probationary period for both the provider and the parent. This agreement may be terminated during that time by either party without financial obligation.

Holidays Initials _____

I will be closed on all federal holidays and one other day which is not a holiday. These holidays/days include: New Year's Day, MLK Birthday, President's Day, Memorial Day, Independence Day, Labor Day, Columbus Day, Veteran's Day, Thanksgiving Day, Christmas Day and any other declared by the President of the United States. I will also be closed on the day after Thanksgiving (Friday) which is not a federal holiday.

No refunds or credits will be given for these holidays or days off. These are my paid days off. If you have to work on any of these holidays and need care, please speak to me no later than two weeks prior so that I can assist you in locating care. I cannot guarantee that I will be available on these holidays, but I will certainly assist you in finding care.

For FCC Subsidy patrons and patrons who are required to work on a federal holiday, I will do my best to find you back-up care with one of the program's Extended Duty Care Providers (at no additional charge).

Pet(s) Initial _____

_____ This FCC home does not have pet(s)

_____ This FCC home does have pet(s)

We do have _____ pet(s), our _____. By AF regulations, pets, to include food and accessories, must be separated from the children during the business day. For this reason, you probably will not see our pet(s). All shots are up to date, and is/are free of all parasites/disease. Families will be notified in writing 14 days in advance if a new pet might join our home.

Persons Authorized to Pick-up the Child (*releasing child/youth*) Initial _____

In order to ensure your child's safety, your child will only be released to you (parents) or to your emergency contacts. You are required to list two local emergency contacts on your AF FORM 1181, giving them authorization to sign your child out of my home in case an emergency happens and you are not available to pick up your child. They must be over 14 years of age. They will need to show a picture ID the first time they pick up your child. Unless you have informed me ahead of time, I will not release your child to them even if they are on your AF FORM 1181.

In addition, the following guidelines will be followed:

- Children/youth are released only to persons listed on the child's AF Form 1181 or whom the biological parents have provided written and verbal authorization absent a child custody order or divorce decree limiting parental rights.
- Children/youth will be released to either biological parent absent a child custody order or divorce decree limiting parental rights.
- Any child custody order, divorce decree limiting parental rights, or other court document must be reviewed by the Installation's Legal office for guidance regarding release authorization upon receipt.

Supplies (if needed as needed) Initial _____

Parents, please provide the following items for children, as applicable:

- Sunscreen (if needed, separate form must be signed)
- Diapers
- Wipes
- Diaper cream (if needed, separate form must be signed)
- Formula/Breast milk (if child requires other than supplied by provider)
- Bottles
- Sippy cups
- Lip balm or lotion (if needed, separate sheet must be signed)
- Small, lightweight blanket (will be sent home weekly for laundering)
- Seasonally appropriate change of clothes (2 sets)

Lip Balm, Sunscreen, Hand Lotion, Insect Repellent and Waterless Hand Sanitizer Initial _____

I am required to have written permission **ANNUALLY** from parent to use the products listed above on your child. Please sign the form I have provided for you at the end of this contract.

Toys Initial _____

I provide a wide variety of playthings. I ask that no toys be brought to daycare from home unless they can be secured in your child's bag or backpack. Anything brought will be put up safely until the child is picked up. This policy is for protection of all children in my care. The ONLY exceptions to this policy are: 1) a special blanket/stuffed animal/doll to be used during nap time. This will be put up and ONLY used for the appropriate time 2) show and tell/sharing (if scheduled).

Note to parents of Infants (under 12 months) – **NO stuffed animals BLANKETS or toys** can be brought to my program for **napping or ANY purposes** (SIDS prevention strategy).

Provider's Vacation Policy Initial _____

My family normally takes **up to _____ weeks** of vacation per year. I will give you at least two weeks' notice when scheduling my vacation. You will not be charged for the weeks my day care is closed due to my vacation. However, I will do my best to find you care with another provider, if you need care during this time. It will be your responsibility to follow up on any care options that I provide to you.

Provider's Sick Leave Policy Initial _____

If I or a family member becomes ill overnight where I am unable to provide care the next day, I will call you as soon as possible. This could mean an early morning call. If there is a time that is too early (or late) to call you please list it here_____. I am required to close my program if I am too sick to care for your child (ren) and/or my own child requires full time attention due to illness. I will assist in locating a back-up provider who has an opening, but it will be up to you, as the parent or guardian, to follow up on care with the back-up provider.

___Back-up provider will be paid through FCC Subsidy system, if you are a FCC Subsidy participant.

___If you do not participate in the FCC Subsidy Program, you will need to pay the back-up provider directly for child care services provided to your child during my closure. If not participating in the FCC Subsidy program, I will credit you for any days missed by your child due to my or my family member's illness. Note: It is strongly recommended that you have a trusted neighbor friend or relative as a backup emergency provider prior to such a situation. You will not be responsible for payment to me on days which your child does not attend due to my illness of illness of my family members. However, you must pay the back-up provider. Again, I will try to help find you care, but please have a plan B – back-up plan.

Provider Personal/Professional Leave Policy Initial _____

You will be notified as soon as possible when personal days will be taken. As with provider sick days, you will not be charged for these days that I close for my own professional growth.

Responsibility for Alternative Care Initial _____

Please note that in the event that I take vacation, use a personal, a sick, or an emergency occurs I will do everything within my ability to assist you in finding care for your child. I will have the name(s) of alternate providers you are welcome to use as a back-up. It is your responsibility to call and confirm that the provider still has space available and that provider's daily rate amount. Ultimately confirming the alternate care is your responsibility; please have a back-up care provider in mind in case of these circumstances.

Note to FCC Subsidy Program participants: I am required to find you alternative care. Parents must continue to pay for their child's subsidized space at my home and I will work out payment options with the back-up provider.

Substitute Care Arrangement (Provider Comes to My Home) Initial _____

The Parent/Guardian accepts that in some circumstances an affiliated/certified substitute provider may be needed to care for children in my home. I will always notify the parents if a substitute will be placed in my home.

Child's Vacation Policy Initial _____

If families are going to be out for vacation, please let me know at least two weeks (14 calendar days) in advance. Parent(s) will be required to pay regular fee to hold your child's spot. I expect full payment for all days and hours that your child is normally scheduled to be here. As an incentive for long-term enrollment in my child care, I will waive fees for 1 week (5-day long) vacation each year after your child has been in my care for over 12 months.

Child's Sick Leave/Absences Policy Initial _____

If you plan for your child to not be in my care, as a courtesy please let me know **prior to 9 pm the evening before**. There are **no refunds for late arrivals or absences**. If your child is not able to attend due to illness or any other reason, notification to me the night before is appreciated. If you do not know until the morning, please let me know about your child's absence as early as possible before your designated arrival time. If your child misses child care due to illness you are still required to pay your weekly fees. If your child has a contagious illness or condition, a physician's note releasing your child back into care in my home will be required before re-admittance.

No refunds or credits: There are no refunds for illness or any other types of absences, including days missed due to non-payment of childcare fees.

Special Needs Initial _____

If your child is diagnosed with any type of special needs (including chronic asthma, food or environmental allergies, speech problems, etc.), please let me know as soon as possible so that I can issue you the required Special Needs Packet. Depending on the special need you may need approval before care. Special needs must be documented on the AF 1181 registration form.

Administering Medication Policy Initial _____

Only medications prescribed by a doctor specifically for your child will be given. Medications must be in the original container, stored according to instructions. It must be labeled with the child's name, name of medication, dosage amount, instructions for use and the physician's name and date of prescription. You will also need an Allergy Action Plan or Asthma Action Plan annually, if applicable).

No over the counter medications will be given without physician orders.

Injectable medications will not be given except for medications necessary to counteract severe allergic reactions (EpiPen). Please ensure you have a current prescription for these items.

You are responsible for giving the first dose of any new medication to your child.

You must sign a medication permission form (AF1055) each morning to authorize the medication for that day. Annually for emergency medications.

As a reminder, sun block, hand lotion, diaper ointments, lip ointments insect repellent and waterless hand-sanitizer (Alcohol FREE), are the only items that can be applied without using the medication form. A signed statement written permission on file from the parents ANNUALLY.

Exclusion and Readmission Guidelines Initial _____

Based on guidelines from "Caring for Our Children: National Health and Safety Performance Standards, Guidelines for Out of Home Child Care Programs", children will not be denied admission or sent home because of illness unless one or more of the following conditions exist. You will be notified immediately when your child has a sign or symptom requiring exclusion from the home, as listed below:

1. The illness prevents the child from participating comfortably in activities as determined by myself.
2. The illness results in a greater need for care than I am able to provide without compromising the health and safety of the other children.
3. Your child has any of the following conditions:
 - a. Fever, accompanied by behavior changes. Auxiliary temperature of 100 or greater.
 - b. Symptoms and signs of possible severe illness (such as unusual lethargy, uncontrolled coughing, irritability, persistent crying, difficulty breathing, wheezing, or other unusual signs until medical professional determines my child is able to attend.
 - c. Uncontrolled diarrhea-increased watery stools, decreased form of stool that is not associated with changes of diet: that is not contained by the diaper or the child's ability to use the toilet.

Excluded until diarrhea stops.

d. Blood in stools not explained by changes in diet, medication or hard stools.

e. Vomiting-two or more episodes in the previous 24 hours until vomiting resolves or until a medical professional determines the cause of the vomiting is not contagious and the child is not in danger of dehydration.

f. Persistent abdominal pain (continues more than 2 hours) or intermittent pain with fever.

g. Mouth sores with drooling unless a health care provider determines the condition is non-infectious.

h. Rash with fever or behavior change until a physician determines these symptoms do not indicate a communicable disease.

i. Purulent conjunctivitis (pink eye with white or yellow eye discharge) until after treatment has been initiated.

j. Head lice-until after the first treatment.

k. Scabies-until after treatment has been completed.

l. Tuberculosis-until a health care provider/official states the child is on appropriate therapy and can attend child care.

m. Impetigo-until 24 hours after the treatment has been initiated.

n. Strep throat-until 24 hours after treatment has been started.

o. Chickenpox-until all lesions have dried or crusted.

p. Rubella-until six days after the rash appears.

q. Pertussis-until five days of appropriate antibiotic treatment.

s. Mumps-until five days after the onset of parotid gland swelling.

t. Measles-until four days after onset of rash.

u. Hepatitis A-until 1 week after onset of illness or jaundice if the child's symptoms are mild or as directed by the health department.

As a professional Family child care provider:

- I am required to conduct a morning health check prior to your signing your child into my program. This is to verify any marks or injuries that might be visible on your child at drop off time.
- In case of colds, sore throats, or other suspected illness, feel free to contact me by telephone to discuss options (such as keep child at home, take a wait-and-see attitude until morning, etc.). Should your child become ill during his/her day here at my home, parents/guardian will be notified of the conditions of suspected illness. Parents/guardians must pick up child within one hour (1-hour) of notification.
- I will isolate an ill child from the other children (but within the child care space) and given special attention and comfort until the parents arrive. The child will be accepted back when no longer contagious with a doctor's letter of re-admittance. All other parents will be notified of possibility of a communicable disease and what symptoms to watch for.
- I cannot accept a child with fever reducers or any other medication prior to arriving at my home to mask any of the above-mentioned symptoms.

Emergency Accident/Incident Plan Initial _____

We try to prepare for any possible emergency to ensure the safety of your children. In any case you, the parent, will be notified by phone call and/or text. After 2 attempts and no answer of any parent, the emergency contact will be called. For this if you work at a place where there is no reception or cell phone use is not allowed, please let me know in advance of an alternate way to contact you if an emergency situation occurs. If a medical emergency or accident occurs and a child needs to be sent to the hospital via ambulance, I plan to accompany the child to the hospital. The other children will be placed with a back-up provider. The parent of the child taken to the hospital and the Family Child Care office will be notified by me or by my back-up affiliated certified FCC provider. The back-up provider will have the emergency contact information on all other children and will notify the parents to come pick up their child (ren) at my home or an alternate care site.

In case of emergencies, we conduct monthly fire drills and a shelter in place inside the home to ensure children are safe.

For a Fire: Fire drills are held monthly. Children will leave in an orderly fashion, under my supervision, and rapidly (not running) walk single file to our designated meeting place. In the event that my home was to be damaged by fire and not habitable, I will call and ask that all children be removed from my care until further notice. Emergency Procedures for the following: Fire- We will evacuate to the nearest exit, and travel 75 ft. away to the designated spot.

Active Shooter- If there is in active shooter on base, I will secure the home and gather the children in the bathroom, until I receive an "all clear notice". I will notify the parents and let parents know if the children and I are at another location.

Weather and Other Emergencies Initial _____

Extreme Weather- If the base closes for weather purposes, I will call you or the designated pickup person to come get the child (ren) right away.

Shelter in Place/Tornado- I will gather all the children in the bathroom downstairs, and make sure to have the shelter in place kit. I will take safety precautions and make sure everything is secure

Flooding – For flooding in or near my home. My home is NOT located in an identified flooding zone. However, if water begins to rise around my home, or in the event we are advised to evacuate, I will immediately move the children to an evacuation shelter or high ground. Parents/guardians will be contacted.

For a Tornado: In the event of a tornado, we will go between the laundry room and the pantry.

In summary, please be assured that I will take good care of your child (ren) during any emergency or disaster. Several suggestions are appropriate:

- A. A good rule of thumb for closures: if it is announced over radio or television that the public schools, military installation and city offices are closing, in all likelihood I will be closing also. Under no circumstance, will I close until all children have been picked up by their parent or designee.
- B. It is essential that you establish individual and family plans for natural disasters such as tornadoes and flooding.

Transportation and/or Field Trip Policy Initial _____

We may go on nature walks or to library, museum, parks or other field educational sites. You will need to sign permission for me to transport your child and to be taken off the premises on the AF Form 1181. You will be notified of the destination, mode of travel, purpose for the trip, departure and arrival times in advance. All children will be placed in safety-approved car seats as required by state law before being transported in my vehicle.

Parent Conferences Policy Initial _____

I am required to hold a formal parent conference at least once per year. Please know that it is my pleasure to meet with you and exchange ideas on your child's growth and development. We will also share goals, challenges and successes throughout the year as an informal day-to-day communication. If at any time you need to discuss your child's progress or set individual goals for your child, please feel free to notify me. We will set up a formal conference.

Guidance and Discipline Policy Initial _____

At no time will corporal punishment ever be used. My philosophy is to use positive guidance strategies and discipline to teach a child and to assist with challenging behaviors. I achieve this through redirection, consistency, and following through. Redirection: the child is guided to another activity or activities and given an opportunity to try again at another time. Time away: child is offered time away from the group (but still in sight of the group) to re-think choices and actions.

Photos Initial _____

I will be taking a photograph of your child. This is for identification purposes, and projects relating to the day care.

Smoking and Alcohol Initials _____

Smoking and alcohol use in my home or on outings while are children present is not allowed.

Religious Teaching and Activities Policy Initial _____

This program will celebrate the commonly celebrated Christian holidays (Christmas, Easter) and occasionally read Bible stories, Sing Bible Songs, or watch Bible based television shows. We do say a short prayer before meals. Participation by your child will be voluntary. **OR** I will not teach or reference any particular religious teachings in this child development program/home.

Termination Policy/ Trial Period Initial _____

Either party can terminate the contract with a two-week (14 calendar days) written notice after the trial period. During this period the provider or the parent can back out of the contract. However, refunds will not be given if parent chooses to discontinue services. If I, the provider, choose to discontinue services, I will provide a refund for any un-used portion of parent/guardian's payment.

Any late fees and/or payments will be needed to be up-to-date at time of two-week notice. If all fees are not paid in full at time of termination, legal action may be taken with the parent's being liable for all unpaid payments, late fees, compensation to provider and any legal fees incurred. Notification to sponsor' First Sergeant and/or supervisor will be the first step toward collection of unpaid fees.

I will terminate our child care arrangements immediately for any of the following reasons (but not solely limited to):

- Repeated failure to comply with the policies set forth in this contract/agreement/handbook.
- Destructive or harmful behavior of child that persists that endangers the health and safety of children in care, the provider, or others.
- Non-payment of child care fees or late payment of fees.
- Failure to show-up for 5 days in a row without any communication.
- Failure to complete required forms.

- Blatant disrespect towards provider or provider’s family
- If a parent knowingly brings their child ill to my program.

I will terminate our child care arrangements immediately for any of the following reasons listed above and throughout the contract/agreement/handbook. I may or may not give you a reminder/warning, depending on the situation in question. I may discontinue child care services or may change my decision and allow child care to continue. This is a case-by-case discussion/decision, again depend on infraction/breach that occurred.

Policy Revisions Initial _____

Revisions to policies and procedures, contracts and forms will be given a minimum of 30 days’ notice of effective changes. I will notify parents in writing of any changes. All previous forms will become obsolete.

Communication Initial _____

A final note: As you probably see, communication is the key. Please keep the lines of communication open. However, I do ask that if you do approach me with a situation or concern about your child, that we discuss it out of earshot of the children. You may contact me through e-mail or by a telephone. If the issue cannot be resolved we will meet at a time that is convenient to both of us outside of the child care hours to discuss further. Thank you for the opportunity to work with you and your child, and I look forward to the future.

By signing below, you agree that this is a legal binding contract. Providing false information could result in termination of childcare services, forfeiture of childcare retainer, and/or both.

Print Child’s Name: _____

Print Sponsor’s Name: _____

Sponsor Signature: _____ Date: _____

Spouse Signature: _____ Date: _____

Provider’s Signature: _____ Date: _____

Annual Application Permission

Sunscreen Application Permission:

Use: Initial _____

Do Not Use: Initial _____

I, _____ (parent prints own name), give permission for my FCC provider, _____, to apply sunscreen to my child:

_____ (child's name) in the following locations and applications:

_____ Light medium heavy application (circle one)

_____ Place sunscreen on these locations (please fills in/circles all that apply):

_____ Exposed arms exposed legs face ears hands neck other: _____

Parent Signature: _____

Date: _____

Hand Lotion Application Permission:

Use: Initial _____

Do Not Use: Initial _____

I, _____ (parent prints own name), give permission for my FCC provider, _____, to apply hand lotion to my child:

_____ (child's name) on the following locations:

(Please fill in/circle all that apply):

Hands arms legs face ears hands other: _____

Parent Signature: _____

Date: _____

Lip Balm Application Permission:

Use: Initial _____

Do Not Use: Initial _____

I, _____ (parent prints own name), give permission for my FCC provider, _____, to apply lip balm on my child's lips:

_____ (child's name).

Parent Signature: _____

Date: _____

Alcohol-Free Hand Sanitizer Use Permission:

Use: Initial _____

Do Not Use: Initial _____

I, _____ (parent prints own name), give permission for my FCC provider _____, to use non-alcohol base hand sanitizer on my child: _____ (child's name) only when soap and running water are not available.

Parent Signature: _____

Date: _____

Insect Repellent Use Permission:

Use: Initial _____

Do Not Use: Initial _____

I, _____ (parent prints own name), give permission for my FCC provider _____, to use insect repellent on my child: _____ (child's name)

Parent Signature: _____

Date: _____

Diaper Ointments/Creams:

Use: Initial _____

Do Not Use: Initial _____

I, _____ (parent prints own name), give permission for my FCC provider _____, diaper ointment and diaper cream on my child: _____ (child's name) only if the infant has a visible rash/redness...

Parent Signature: _____

Date: _____

