



Child Care Agreement

Provider: _____, Phone Number: 703-789-5626

Address: 7775 Clifton Rd. Fairfax Station, VA 22039

Welcome to my family child care home. Parents are welcome to visit at any time during child care hours. The purpose of this agreement is to define the mutual terms for child care arrangements. Please let me know of any changes of address or telephone or emergency numbers. *Please complete the **Emergency Contacts Information** form before your child's first day.*

Family Information

Child's Name: _____ Date of Birth: _____

First and Last Name (Mother) _____

First and Last Name (Father) _____

Address: _____

Phone # Cell: _____ Home: _____

Please complete the Emergency Contacts Information form before your child's first day.

Hours and Days of Operation

When would you like the Child care service to begin: ___/___/_____

The hours for care will begin at the following days and time:

	Arrival time	Departure time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

If your child is going to absent or late, please call in advance.

Holiday Policies

Our family child care is **CLOSED** for the following holidays:

- Winter Break: December 20th through New Year's Day
- Martin Luther King Day
- President's Day
- Memorial Day
- Juneteenth
- Independence Day (plus 2 additional days)
- Labor Day
- Columbus Day
- Election Day
- Veteran's Day
- Thanksgiving (Wednesday, Thursday, and Friday)
- Two Weeks During Summer Break (TBA)
- One Day of Eid (TBA)

You will be responsible for making payments in all of the following circumstances in order to save your spot.

Payment will be expected while the child is on vacation, sick, or absent.

We understand the agreement of the payment. Signature: _____

All Jurisdictions	Parent Monthly Fees	Parent Monthly Fees
	6 Weeks through 15 Months	16 Months and Up
1-15 hours/week	\$670.00	\$630.00
16-20 hours/week	\$770.00	\$730.00
21-25 hours/week	\$930.00	\$890.00
26-30 hours/week	\$1090.00	\$1050.00
31-40 hours/week	\$1170.00	\$1130.00
41-50 hours/week	\$1250.00	\$1200.00

Fees

\$ 12.00 per hour for drop-in care, if space is available.

Please chose your option: Hours per week: _____ Amount: _____ Initials: _____

\$ 25.00 for late payment charged for any time after every Friday unless special arrangements have been made.

Optional

\$ _____ families are required to bring the appropriate foods for infants under _____ months old.

Child care fees are payable in advance and are due no later than the 5th of every month

Fees may be paid: weekly _____ bi-weekly _____ monthly x

I collect a deposit of \$ 250.00 an enrollment fee at the time of registration.

Child care fees will be paid by: Cash _____ x _____ Check/M.O. _____ x _____

Notice: A 1 month written notice is required for any of the following:

1. Termination of the agreement by either party
2. Increases in child care fees
3. Vacation periods for both families and provider

Food

Meals will be: Prepared by the provider x Brought by family _____

Families are required to bring the appropriate foods for infants under _____ months old.

Meals served will be:

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> Breakfast | <input checked="" type="checkbox"/> Morning snack | <input checked="" type="checkbox"/> Lunch |
| <input checked="" type="checkbox"/> Afternoon Snack | <input type="checkbox"/> Supper | <input type="checkbox"/> Evening snack |

Please explain if the child has special dietary needs:

Infants will be fed according to family's instructions. Please update and notify me of any changes in feeding schedules, formulas, and additional foods. Breast-fed infants need to have an adequate supply of expressed milk in labeled bottles.

Positive Guidance

I want your child to feel respected, nurtured, and successful every day. I feel that we are a team and work together to encourage and help your child learn and discover. I will use positive guidance techniques along with appropriate limits to support each child as they develop their own skills in self-control and self-discipline. I value working together with you to select the best solutions when challenges arise.

Illness

Please notify me if your child will be absent because of illness. If your child is home for more than 3 days she/he must bring a signed physician's statement when returning to the program.

If the child is absent, payment is x expected _____ is not expected.

Provider's Signature: _____ Date: _____

Provider's Name in Print: _____