**Little Ducklings Childcare**

**Parent-Provider Agreement**

1. This agreement contains the financial terms that are agreed between:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Childcare Provider:

FOR THE CARE OF:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_ Age: **\_\_\_\_**

The hours and days we have agreed that Jaime will provide care for our child/children are:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday |
| Drop-off |  |  |  |  |  |
| Pick-up |  |  |  |  |  |

**The weekly tuition rate is based on the contracted hours listed above. Any change to these hours will result in a change in the tuition rate. You are required to notify me at least two weeks in advance of any changes in the contracted hours. Fees will be calculated in hours not minutes. Overtime fees will be based on the hours listed above, not my business hours. My business hours are Monday-Friday 6:00am to 6:00pm.**

1. Basic Rates and Payment Policies

# Full Time

# 

Full-time childcare is defined to be no more than 50 hours per week or 10 hours per day. Tuition is due and payable on Friday **regardless of the child’s attendance.**

**Overtime rate:** $5.00/per15 minutes-This will be charged if you are late picking up your child. This includes after business hours or the time you communicated you would pick your child up.

**Extra Time Rate:** $5 an hour will be added if your child is here outside of contracted hours, more than 10 hours a day or over 50 hours a week. Please contact me to verify extra time is available. Please don’t just show up early with your children or expect me to keep them later without consulting me. I plan my day around when I expect kids to arrive and depart, not my business hours.

**Example:** If your child is contracted to be here at 8am and you ask to bring at 7am, bring $5 per child at the early drop off.

* **$115** per week for full time care
  1. Parents agree to pay according to schedule. We have agreed to pay

**$115**  ( ) Weekly ( ) Bi-weekly ( ) Monthly ( ) Hourly

* Receipts will be available on date of payment when requested.
* Year-end summary will be provided by January 15th.

1. Other Charges
   1. There will be no extra charge for meals served in the provider’s home. Parents are responsible for formula or any special dietary needs.
   2. Parents are responsible for diapers and wipes.
   3. If we attend a field trip parents may be asked to pay admissions fees.

**NSF Checks** $30.00/item

**Late payment** $15.00/day

* Payments are due on Friday. I still expect to be paid if your child will not be present on Friday, or when your child is not in attendance due to illness or a doctor’s appointment, etc. And when I am on vacation, holidays observed by Little Ducklings Childcare, or when I take a sick day/personal day.
* Payment and late fees must be paid Monday morning. Care will not be provided till payment and late fees are paid.
* I expect to be paid even though you may have brought your child late.

I/we understand that in the event Jaime is not paid for services rendered up to the termination date:

**First action:** Jaime reserves the right to give written notice and take action by not providing care for my child/children until payment is made for services.

**Second action:** Jaimealso reserves the right to give a written notice and take action at which time I will be taken to small claims court where court & attorney fees and loss of income will also be added to the bill.

By signing this form, you agree to:

* Pay as per schedule and to pay for any charges incurred on my account as deemed necessary by Jaime. I agree to discuss any problems with her as they arise.
* Abide by all rules and guidelines and to respect all policies and terms. I agree to the financial terms set out in this contract.
* Give a two-week written notice to Jaime if any information in this contract changes or needs to be altered in any way

## This agreement will come into effect on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By signing below, you agree that this is a legally binding form. Providing false information could be grounds for termination of childcare services, forfeiture of retainer, or both.

|  |  |
| --- | --- |
| Father/Guardian’s Signature | Date |
| Mother/Guardian’s Signature | Date |
| Jaime Wheeler/Little Ducklings Childcare | Date |

**Sick Child Policies**

This is a **well child** childcare home. This means that if your child is not feeling well, for any reason, you will need to find alternate care. These are guidelines set by the state that I must follow. Control of communicable illness among children is a prime concern. In order to protect the entire group of children, as well as your own child, I ask that parents assist me by not bringing their child if he/she has a contagious illness or exhibits any of the following symptoms:

* Fever of 100°F under the arm
* Signs of a newly developing cold or severe coughing/sneezing
* Vomiting, in excess of typical infant spit-ups or upset stomach
* Diarrhea (1)
* Conjunctivitis (“pink eye”)
* Unusual or unexplained loss of appetite, fatigue, irritability, or headache
* Consistent complaints of ear or stomach pain
* Bleeding other than minor cuts and scrapes
* A communicable disease (measles, mumps, chicken pox, etc.)
* Excessive colored discharge from eyes or nose, indicating possible infection
* Head lice
* Unexplainable rash

In general, if your child is too sick to go outside and play, then your child is too sick to attend childcare. If your child becomes ill during daycare, you will be phoned at work and asked to pick your child up immediately.

If your child has a common cold (slight cough, sneezing, clear runny nose and/or a temperature below 100 degrees your child may attend daycare. However, if your child reaches a point when he/she requires constant attention, will not play, cries continuously, whines and wants to be held constantly, than your child will need to stay/go home. **Your child will not be allowed to return to daycare till they have been symptom free for 24 hours without medication.**

Please dispense all medications at home whenever possible. For times when this is not possible, an **Administration of Medication Form** must be filled out in order for me to dispense any medications. **All** prescription *and* over-the-counter medications must be in their original container(s), and prescriptions must display the pharmacist’s label with the doctor’s name. If you have any questions, please feel free to discuss them with me

Signatures below indicate acknowledgement of receipt of this form and agreement to adhere to these policies. Failure to abide by these policies could be grounds for termination of childcare services, forfeiture or childcare retainer, or both.

|  |  |
| --- | --- |
| Father/Guardian’s Signature | Date |
| Mother/Guardian’s Signature | Date |
| Jaime Wheeler/Little Ducklings Childcare | Date |

### **Little Ducklings Childcare Philosophy**

Every child is an individual who has his/her own rate of physical development and own pace of learning. Each child is accepted, loved, nurtured and taught as an individual with this thought in mind.

**Little Ducklings Childcare Mission**

My mission is to strive to make each day interesting, creative, educational, and challenging. My main concern in caring for your child is to see your child grow physically, intellectually, socially and emotionally to the best of his/her ability, and to see parents off to work knowing their child is well cared for and happy throughout the day.

**Little Ducklings Childcare Goals**

Encourage and build each child’s imagination and creativity.

Provide activities and an environment that will nurture the child’s self-esteem.

Provide awareness of cultural diversity.

Provide an environment where children feel safe and loved.

**Arrival and Departure**

Children are to arrive clean and fed. Please DO NOT bring them with food or a drink other than juice, water or milk. The kids are welcome to bring 1 daycare appropriate toy and a blanket & doll or stuffed animal. It is normal for children to be hesitant and sometimes even cry when dropping them off. Please be very brief (no more than 5 minutes is sufficient) during drop off times; the longer you prolong the departure the harder it gets. A smile, cheerful good-bye kiss, and a reassuring word that you will be back is all you need to do. Please be very brief at pick up times also. This is a time of testing when two different authority figures are present (the parent and the provider) and all the children will test to see if the rules still apply. It is important that you back up my rules at this time, but if you do not, I will remind your child of inappropriate behaviors being displayed and take action to correct them if needed. Please be in control of your child during pick up times! Do not allow your child to run out to your car while you are still inside or while you are in my backyard!! The safety rule is “No one goes outside without their parent with them.” Drop-off and pickup times are not the times to discuss problems. Parental communication is vital; it is the key to a successful childcare arrangement. If there are any problems or concerns please call/text me.

**Birthdays/Parties**

Parents are welcome to bring a special food treat for their child’s birthday. We have holiday parties several times throughout the year. You are more than welcome to bring in treats for the party! ☺

**Preschool Activities**

I offer a preschool program for children ages 2 - 5 at no additional cost to you. I will post our weekly lesson plan at the sign in area. I believe children learn best by play. Some of the activities included: arts & blocks, music, math, science, stories, sensory paly, dramatic play and small motor as well as letter, shape, color, and number recognition.

**Family Conferences**

Family conferences are held once a year (in January). The purpose of this conference is to provide parents with an overview of their child’s developmental progress, discuss any changes in my program policy’s and to answer any questions or concerns parents may have regarding their child’s care. While this conference is scheduled each year, parents may request a conference at any time.

**Referrals**

Referrals from a current client are one of the biggest compliments I can receive. As a special thank you, Little Ducklings Childcare offers families a free day of care for each referral that enrolls. Your free day will be deducted from your weekly fee after the referred child has attended for 3 weeks.

**Termination of Care**

I may terminate our child care arrangements immediately or with a 2 week notice for any of the following reasons (but not solely limited to):   
· Failure to comply with the policies.  
· Failure to comply with the contract.  
· Destructive or hurtful behavior of child that persists even with parent cooperation in stopping the behavior.   
· Non-Payment of childcare fees or late and/or recurring late payment of fees.  
· Failure to show up for 5 days in a row without any communication.  
· Failure to complete required forms.   
· Inability to meet the child’s needs without additional staff.  
· Blatant disrespect towards provider or provider’s family.  
· If parents knowingly bring their child ill.

**General**

Parents are required to notify me by 8 am if their child will not be coming for the day.

•Parents are required to keep me informed of any change in addresses, telephone numbers, and other pertinent information.

•Parents are urged to bring their “older” potty-trained children in clothing and shoes that the children can handle mostly on their own without getting very frustrated. Onesies or shirts that snap at the crotch, too-tight shoes the child cannot slip on themselves (I have no problems with tying the shoes!), and tight jeans with belts, buttons, and snaps that the children can’t handle alone are not appropriate in a daycare situation. It has proven to be a source of frustration to all involved. Children take pride in being able to care for themselves.

•No smoking is allowed on premises.

•The daycare home will have a fire drill at least once per month.

•Provider will promptly report to the proper authorities any sign of neglect or abuse of the children in care.

•Provider maintains an open-door policy for parents during daycare hours. Parents are required to let me know of their presence when entering the premises. I need to lock the front door for safety purposes.

•Parents are encouraged to call me at any time during the day or evening. Lots of times I will not be able to answer the phone as I am quite busy with the children - please leave a message and I’ll call you back as soon as possible.

**Child Care Safety – Evacuation**

In case of an emergency that requires evacuation, we will assist the children to exit through the child care entrance/exit. We will gather in the neighbors fenced in front yard. After taking count, the children will be moved to a safer location as necessary. The first aid kit, a cordless phone, and the list of parent phone numbers and emergency contact information will also be taken with us. All families will be notified as necessary.

**Child Care Safety - Fire and Tornado Drills**

Being prepared for emergencies helps the children to feel less frightened if one were to occur. We conduct fire drills monthly and tornado drills routinely during tornado season. Each drill is recorded in a safety log. In the case of severe weather, we will gather in the bathroom.

**Emergency Plan**

In the unlikely event that I would become seriously ill or injured during the time your child/ren are in my care the following procedures are established.

Tracey Mitchel (my assistant)or I would call you at the number on your admission record to alert you of the situation.

If the daycare were to be evacuated because of fire, tornado, or other disaster, the child will be taken to:

Dayton Fire Department

285 Market Street

Dayton, In 47941

When routine fire drills are practiced customary evacuation routes are used to exit the building.  A diagram of the routes from the daycare home is posted in the daycare.

The Dayton Fire Department has been notified and knows that this location is a daycare and that children are likely present.  They already have a safety plan in place in case of receiving a 911 call from this location.

The following rules pertain to Little Ducklings Childcare’s business policies. These policies are non-negotiable and are legally binding.

# Enrollment

* 1. All forms must be completely filled out and returned before beginning childcare.
  2. The client understands that medicine forms must be filled out before any medication will be administered.
  3. Parent agrees to submit a copy of each child’s current immunization records.
  4. A two-week notice and two-week’s payment must be given if parent decides to terminate their contract.
  5. The parent understands Jaime is responsible for informing parent of any accidents occurring during the day. Accident forms are filled out, signed, and filed into child’s history folder.

# Payments

* 1. **I will** accept post-dated checks for childcare. Check must be dated for the day services are being paid.
  2. Payments are to be made on Friday
  3. Late fees will be added daily beginning of Friday (weekend included). If your payment is not received by Monday your child will not be accepted in my childcare home until all fees are paid in full.
  4. Any additional childcare hours needed will be $5 an hour extra, and time over 50 hours a week or 10 hours a day will be an additional $5 an hour.
  5. **I will not** remind you to pay me; you don’t have to remind your boss to pay you.
  6. Returned checks will be assessed fees payable in cash or money order for:
     1. The full amount of the check
     2. A $30.00 service fee my bank charges me, and
     3. Any additional fees incurred by me as a result of your check not clearing.

# Hours/Vacation/Days off

* 1. Parents will be charged for the full week whether the child comes for one day or all days.
  2. If you take a vacation, all of your weekly tuition will be due on the same date specified in your contract. If vacation is taken and not paid for, the slot may no longer be available to the parent.
  3. I take the following days off with pay: New Year’s Eve, New Year’s Day, Good Friday, Memorial day, Independence Day, Labor Day, Thanksgiving & Friday, Christmas Eve and Christmas Day .
  4. I take a two weeks’ vacation each year. Parents are responsible for payment during that time. In addition to five personal days with pay for training, sick, medical apt (etc.). I will notify you by text or phone call if I become ill and will have to close. It will be your responsibility to find alternate care.
  5. You the parent are responsible to have a back-up provider when I am not available or your child can not attend because of their illness. I will assist you if needed to find a provider. **But I am in no way responsible for any actions that occur while your child is in her care.**

# Illnesses

* 1. Parents should notify me if there has been an illness in the family over the weekend.
  2. A child will not be allowed to stay in my home if there is a fever of 100 or higher, diarrhea (for any reason), vomiting or other contagious symptoms.
  3. Medication can be given if it is in the original container, labeled with the child’s name, and I have a signed medical authorization with it.
  4. Your child must be symptom free (without the use of medication) for 24 hours before returning to daycare.
  5. If your child becomes ill while in my care, the child must be picked up. If your child is acting sick, lethargic or too uncomfortable to participate in our normal daycare routine, I will be calling you to come get your child. If you are called to come for your sick child, you must pick him/her up within one hour.

# Clothing and Supplies

* + 1. Children’s belongings must have their name written on it somewhere. I will not be responsible for lost or broken items.
    2. Please dress your children appropriately according to the weather; I am required to take the children outside daily (weather permitting).
    3. You are to supply a change of clothing for your child, diapers, and wipes if not potty trained.

# Discipline Procedures

* 1. In case of disciplinary measures, I use positive guidance/re-direction several times, and if necessary, the time-out method. Time out is removing the child from the situation and placing him/her by him/herself for a period of one minute for each year of the child. Time out is used as a last resort only.
  2. If the child has a disciplinary problem, parents will be notified so we can take a course of action together to rectify the problem.

# Miscellaneous

1. Parents will supply a change of clothes each day, even if their child is fully potty trained.

1. Parents are responsible for diapers, wipes, and special-needs food.
2. Parents will call before scheduled time of arrival if they are late or not coming that day.
3. Parents will pick their child/children up at the door and will walk their child to the car. No child will be released to a honking horn.

Only designated persons will be allowed to pick up the child/ren.

1. Parents are responsible for providing a two-week notice if they decide to terminate. Failure to provide such notice will result in being charged the full rate for two weeks, plus any back childcare owed. Failure to pay these fees within 10 calendar days will result in being sent to small claims court.

By signing this form you agree that this is a legally binding form. Failure to abide by the policies mentioned will result in termination of contract, forfeiture of deposit, or both. This policy agreement is subject to change with two weeks written notice.

|  |  |
| --- | --- |
| Father/Guardian’s Signature | Date |
| Mother/Guardian’s Signature | Date |
| Jaime Wheeler/Little Ducklings Childcare | Date |

##### Request for the Administration of Medication

## Physician’s Instructions

*(Name of child) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is under care and should receive (name of medicine, vitamin, or modified diet) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*(dosage*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , as follows . \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Specific instructions for administration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Possible side effects to watch for:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Expiration date (may not exceed six months from date of this request if prescribing medication or food supplement): \_\_\_\_/\_\_\_\_/\_\_\_\_*

|  |  |
| --- | --- |
| Rx Number | Pharmacy |
| Street Address | Telephone Number  ( ) |

###### Parent/Guardian Request for Administration of Medicine, Vitamin, Food Supplement or Modified Diet

I hereby request and give permission to Jaime to administer the following medication, vitamin, or special diet to my child:

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Child | Name of Medication | Dosage | Time(s) to be given |

|  |  |
| --- | --- |
| Signature of Parent | Date of Signature |

## Medication Given by Jaime/Little Ducklings Childcare

*(Name of child) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

|  |  |  |
| --- | --- | --- |
| Date of Dosage | Amount of Dosage | Signature |
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### **Health Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Child | DOB: | Age: | Sex: |

Child’s health history and current health problems: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any special medical conditions, including chronic health problems: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any special medications and/or restrictions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are your child’s immunizations up to date? \_\_\_\_\_\_\_ If not, what is needed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your child had any of the following common childhood illnesses?

|  |  |  |
| --- | --- | --- |
| Chicken pox yes no | Measles yes no | Whooping cough yes no |
| German measles yes no | Mumps yes no | Rubella yes no |
| Scarlet Fever yes no | German measles yes no | Rheumatic Fever yes no |

|  |  |  |
| --- | --- | --- |
| Ear infections yes no | Headaches yes no | Sore throats yes no |
| Stomach upsets yes no | Colds yes no | Heart disease yes no |
| Diabetes yes no | UpperRespiratory Infections yes no | Other: |

Does your child have any speech, hearing, or visual problems? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your child ever been tested for any of the above? \_\_\_\_\_\_\_\_\_\_ Describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your child ever had any surgeries? \_\_\_\_\_\_\_\_\_\_ Describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Known medical problems: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last tetanus shot: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Reaction?: Yes No

Child’s Blood Type:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Drug Reactions:

###### Contact with Tuberculosis: \_\_\_\_\_\_\_

Allergies:

TB Test (date): results: \_\_\_\_\_\_\_\_\_\_\_\_

Chest x-ray (date): results: \_\_\_\_\_\_\_\_\_\_\_\_

Sickle Cell Test (date): results: \_\_\_\_\_\_\_\_\_\_\_\_

**Agreements:**

When my child is ill, I understand and agree that Jaime Wheeler. will not accept my child for care. This includes: fever, diarrhea, vomiting, bad cough, discharge from nose/eyes of any color than clear and all communicable diseases. My signature below certifies that my child is to my knowledge, in good health, and free of disabilities that would endanger him/her or other children. Also by signing below I agree that this is a legally binding form. Providing false information could be grounds for termination of childcare services, forfeiture of retainer, or both.

|  |  |
| --- | --- |
| Father/Guardian’s Signature | Date |
| Mother/Guardian’s Signature | Date |

### **Authorization for Emergency Medical Care**

If I cannot be reached to make arrangements for emergency medical care for my child at the time of an illness, accident, or injury, I give my permission for:

|  |
| --- |
| Jaime Wheeler  of  Little Ducklings Childcare |

to obtain whatever treatment may be deemed necessary for:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
 Name of Child #1 (D.O.B)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
 Name of Child #2 (D.O.B)

Emergency Parental Consent

When there is a medical emergency, or when a child needs immediate medical treatment, Jaime Wheeler/Little Ducklings Childcare will take all reasonable steps to see that the children in their care receive adequate medical care. When appropriate, Jaime Wheeler, will call 911 and the parent(s).

If the parent(s) cannot be reached, Jaime will call the person(s) listed below who are authorized by the parent to give permission for the medical treatment of the child.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If the parent(s) and the authorized person(s) cannot be reached, Jaime will call the child’s doctor, identified below. If the child must be taken to a hospital, Jaime will take the child to the child’s hospital identified below. If, under the circumstances, it is more reasonable to bring the child to another hospital, Jaime will do so. In the situation where the parent(s) and the person(s) authorized to give permission for medical treatment cannot be reached, the parent authorizes the child’s doctor to provide the appropriate medical treatment for the child.

|  |  |
| --- | --- |
| Name of Doctor: | Phone Number: |
| Address: | |
| Name of Dentist: | Phone Number |
| Address: | |
| Name of Hospital/Clinic: | Phone Number: |
| Address: | |

I agree to promptly notify Jaime of any changes of the above information. This form is legally binding, so by signing it, you agree that all of the information provided herein is correct. False Information may result in termination of childcare services, forfeiture of childcare retainer, or both.

|  |  |
| --- | --- |
| Father/Guardian’s Signature: | Date: |
| Mother/Guardian’s Signature: | Date: |
| Jaime Wheeler/Little Ducklings Childcare | Date: |
|  |  |

##### Emergency Contact Information

|  |  |
| --- | --- |
| Child’s Name: |  |
| Birth date: |  |
| Street address: |  |
| City, State, Zip Code: |  |

|  |  |  |
| --- | --- | --- |
| Sibling(s) Name: | Birth date: | Living in Child’s Home? (Y/N): |
|  |  |  |
|  |  |  |
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|  |  |
| --- | --- |
| Mother’s (guardian’s) name: |  |
| Home street address (if different): |  |
| City, State, Zip Code: |  |
| Home Phone: |  |

|  |  |
| --- | --- |
| Father’s (Guardian’s) name: |  |
| Home street address (if different): |  |
| City, State, Zip Code: |  |
| Home Phone: |  |

Please list two people who can be contacted in an emergency if the parent(s) or guardian(s) cannot be reached:

|  |  |
| --- | --- |
| 1st Alternate Contact: |  |
| Relationship to child: |  |
| Home street address: |  |
| City, State, Zip Code: |  |
| Home Phone: |  |
| Is this person authorized to make medical decisions for your child if you cannot be reached?  Yes\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_ | |

|  |  |
| --- | --- |
| 2nd Alternate Contact: |  |
| Relationship to child: |  |
| Home street address: |  |
| City, State, Zip Code: |  |
| Home Phone: |  |
| Is this person authorized to make medical decisions for your child if you cannot be reached?  Yes\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_ | |

|  |  |
| --- | --- |
| Child’s Doctor (or name of clinic): |  |
| Preferred Practitioner: |  |
| Street Address: |  |
| City, State, Zip Code: |  |
| Telephone Number: |  |

|  |  |
| --- | --- |
| Child’s Dentist (or name of clinic): |  |
| Preferred Practitioner: |  |
| Street Address: |  |
| City, State, Zip Code: |  |
| Telephone Number: |  |

This is a legally binding form. By signing below, you state that all of the information contained on this form is correct to the best of your knowledge. Giving false information would be grounds for termination of childcare services, forfeiture of retainer, or both.

|  |  |
| --- | --- |
| Father/Guardian’s Signature | Date |
| Mother/Guardian’s Signature | Date |
| Jaime Wheeler/Little Ducklings Childcare | Date |

### **Child Pick-Up Form**

1. The following people HAVE permission to pick-up the child/children named below from the childcare home of Jaime Wheeler/Little Ducklings Childcare. It is the parent’s responsibility to notify me in writing of any changes. If short notice verbal notice is Ok with the **CODE WORD.**

|  |  |  |  |
| --- | --- | --- | --- |
| Child’s Name | DOB | Age | Sex |
| Child’s Name | DOB | Age | Sex |

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DL #: \_\_\_\_\_\_\_\_\_\_\_\_\_ Relation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

###### CODE WORD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DL #: \_\_\_\_\_\_\_\_\_\_\_\_\_ Relation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

###### CODE WORD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DL #: \_\_\_\_\_\_\_\_\_\_\_\_\_ Relation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

###### CODE WORD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

B. The following people MAY NOT pick-up my child(ren) from Little Ducklings Childcare.

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DL #: \_\_\_\_\_\_\_\_\_\_\_\_\_ Relation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DL #: \_\_\_\_\_\_\_\_\_\_\_\_\_ Relation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Note: Any person unfamiliar to me will be required to show proof of identification and state the code word. Under NO circumstances will the child be released to anyone other than those listed above without WRITTEN permission from the parent.

This form is legally binding, so by signing it, you agree that all of the information provided herein is correct. False Information will result in termination of contract, and you will forfeit your childcare retainer.

|  |  |
| --- | --- |
| Father/Guardian’s Signature | Date |
| Mother/Guardian’s Signature | Date |
| Jaime Wheeler/Little Ducklings Childcare | Date |

##### Emergency Transportation Authorization

A. Complete the Following:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name of Child: | | Name of Mother/Guardian: | | | Name of Father/Guardian: | |
| Street Address: | | | | | | |
| City: | State: | | Zip: | | | Phone: |
| Father/Guardian’s Employer | | | | Department | | |
| City: | State: | | Zip: | | | Phone: |
| Mother/Guardian’s Employer | | | | Department | | |
| City: | State: | | Zip: | | | Phone: |

1. List 3 people to be contacted in an emergency in case I cannot reach either of you:

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | | Relationship to Child: | |
| Address: | | Phone: | |
| City: | State: | | Zip: |
| Name: | | Relationship to Child: | |
| Address: | | Phone: | |
| City: | State: | | Zip: |
| Name: | | Relationship to Child: | |
| Address: | | Phone: | |
| City: | State: | | Zip: |

Complete the Following:

|  |  |
| --- | --- |
| Name of Physician or Clinic: | Phone: |
| Address: | City, State, Zip: |
| Name of Dentist or Clinic: | Phone: |
| Address: | City, State, Zip: |

1. Either Part 1 or Part Two need to be filled out. DO NOT FILL OUT BOTH!

This form only authorizes Jaime Wheeler/Little Ducklings Childcare to secure emergency transportation for your child. This form does not authorize or guarantee treatment upon arrival at the hospital/clinic of emergency medical or dental treatment. You are required to fill out a “Medical Release Form” to guarantee treatment.

###### Part I. Permission to Transport Child

I give\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ my permission to transport my child

*(Name of provider)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Name of child) (Hospital, Clinic)*

for emergency medical care or to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for emergency dental care

*(Dentist, dental clinic)*or to the nearest available source of assistance.

|  |  |
| --- | --- |
| Father/Guardian’s Signature: | Date of Signature: |
| Mother/Guardian’s Signature: | Date of Signature: |
| Jaime W Little Ducklings Childcare | Date of Signature: |

Part II. Refusal to Grant Permission

I **do not** give \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ my permission to transport my

*(Name of provider)*

child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for emergency medical or dental treatment.

*(Name of child)*

In the event of an illness or injury, I wish for the following measures to be taken: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Father/Guardian’s Signature: | Date of Signature: |
| Mother/Guardian’s Signature: | Date of Signature: |
| Jaime Wheeler/Little Ducklings Childcare | Date of Signature: |

##### Child Abuse/Neglect Protocol

As a childcare provider, it is my responsibility to report any and all suspected child abuse and/or neglect. I cannot turn my back on a child that has been abused. Therefore, if I assume that there is any kind of child abuse committed on any child in my care, and if I perceive or think that anything questionable is present as far as abuse or neglect is concerned, I will IMMEDIATELY contact the Police Department as well as Children’s Protective Services.

By signing this form, you agree that it is in the best interest of your child(ren).

|  |  |
| --- | --- |
| Father/Guardian’s Signature | Date |
| Mother/Guardian’s Signature | Date |
| Jaime W/Little Ducklings Childcare | Date |

### **Activity Authorization Form**

I hereby grant permission for my child/children named below to use all of the play equipment and participate in all of the activities at the childcare home of Jaime W/Little Ducklings Childcare.

Name of child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The following restriction/s accepted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that ride on toys, chairs, wading pools, sprinklers, sandboxes, and other toys are used on a regular basis (weather permitting).

I also understand that helmets, along with knee and elbow pads, will not be provided by Jaime, but are encouraged to be provided by me for activities that do not have three/four wheels. Such as bike riding, roller blades, skate boards, etc.

I will not hold Jaime responsible for injuries incurred while my child is using equipment at her childcare home, provided the children are supervised and the equipment is in good repair.

|  |  |
| --- | --- |
| Father/Guardian’s Signature | Date |
| Mother/Guardian’s Signature | Date |
| Jaime Wheeler/Little Ducklings Childcare | Date |

### **General Permissions**

The provider has my permission to: (Please circle yes or no)

Take photos of my child/children **Yes No**

Use pictures for advertisement, such as on our website (names will not be used.) **Yes** **No**  
Give my telephone number and address to other parents **Yes No**

|  |  |
| --- | --- |
| Father/Guardian’s Signature | Date |
| Mother/Guardian’s Signature | Date |
| Jaime W/Little Ducklings Childcare | Date |

### **External Preparation Form**

I hereby give Jaime W. permission to apply one or more of the following external preparations, in accordance with the directions for use on the container.

( ) \*Baby wipes

( ) Band-Aids

( ) Neosporin or similar ointment

( ) \* Sunscreen

( ) \* insect repellent

( ) \*non-prescription ointment (such as A & D, Desitin, Vaseline)

( ) \* Other: (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Must be provided by the parent.

I hereby request that Jaime Wheeler administer one or more of the above external preparations in accordance with the directions on the container as needed.

I release Jaime W. from any liability for administering these preparations.

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

|  |  |
| --- | --- |
| Father/Guardian’s Signature | Date |
| Mother/Guardian’s Signature | Date |
| Jaime Wheeler/Little Ducklings Childcare | Date |

##### Water Play and Pool Permission

Little Ducklings Childcare has many activities involving water throughout the year. These include, but not limited to:

1. Water Sensory Table
2. Water Bottles
3. Sprinkler Play/ Slip N’ Slide
4. Bathing a soiled child.

Upon signing this form you agree to permit your child to participate in water activities

( ) I approve.  
( ) I do not approve.

By signing below, you agree that this is a legally binding form. Providing false information could be grounds for termination of childcare services, forfeiture of retainer, or both.

|  |  |
| --- | --- |
| Father/Guardian’s Signature | Date |
| Mother/Guardian’s Signature | Date |
| Jaime W/Little Ducklings Childcare | Date |

**Little Ducklings Childcare**

**Letter Of Termination**

This letter is to inform you know that I will no longer be able to offer childcare services to:

|  |  |  |  |
| --- | --- | --- | --- |
| Child Name | Date Of Birth | Age | Sex |
| 1: |  |  |  |
| 2: |  |  |  |

as of **\_\_\_\_\_\_\_\_\_\_\_\_\_**. We will continue to provide childcare services until this date.

(Last Day of Care)

In accordance with Little Ducklings Childcare Parent/Provider Contract & Agreements, you are required to pay for my services up to the last day of service stated in the Termination Letter, whether or not your child is present.

**Please Note**: In the event I am not paid for the services rendered up to the termination date. I reserve the right to give a written notice. At which time I will be forced to file a claim in Small Claims Court and report you to the local credit bureau unless I am paid immediately.

|  |  |
| --- | --- |
| Father/Guardian’s Signature | Date |
| Mother/Guardian’s Signature | Date |
| Jaime W/Little Ducklings Childcare | Date |

**Office Use Only**: File Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ File # \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for termination-

**Little Ducklings Childcare**

**Parent’s Letter Of Termination**

This letter is to inform Little Ducklings Childcare that I/We

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

will no longer be in need of your child care services for:

|  |  |  |  |
| --- | --- | --- | --- |
| Child Name | Date Of Birth | Age | Sex |
| 1: |  |  |  |
| 2: |  |  |  |

as of \_\_\_/\_\_\_/\_\_\_. I/We understand that you will continue to provide childcare

(Last Day of Care)

services until this date. In accordance with Little Duckling’s Parents/ Provider Contract & Agreements, and that I/WE are required to pay for your services up to the last day of service stated in the Termination Letter, whether our child (ren) are present or not. You are also required to give a 2 week notice for termination of care per the contract.

**Please Note**: I/We understand that in the event Little Ducklings Childcare is not paid for services rendered up to the termination date, Little Ducklings Childcare reserves the right to give a written notice. At which time you will be forced to file a claim in Small Claims Court and report us to the local credit bureau unless you are paid immediately.

|  |  |
| --- | --- |
| Father/Guardian’s Signature | Date |
| Mother/Guardian’s Signature | Date |
| Jaime W/Little Ducklings Childcare | Date |

**Office Use Only**: File Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ File # \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reason for termination-