

## **FAMILY DAY HOME AGENCY, EDUCATOR AND PARENT AGREEMENT**

In order to co-operate and satisfy the interests of the Educator and the Parent(s) and to meet the requirements of the F.D.H. Agency, as required by the F.D.H. Program Manual, the Educator and Parent mutually agree to the following:

The child(ren) shall not be released to anyone other than the Parent unless the Educator is notified in advance by the Parent.

The Parent shall supply extra clothing, appropriate (seasonal) clothing, underwear, socks, extra mittens, as well as shoes or boots. (Children must arrive with footwear or your educator will ask you to return home to pick them up before taking your child(ren) into care. Parents must also supply diapers, infant food and formula. (See Parent Guidelines)

**PLEASE INITIAL:** \_\_\_\_\_

(A) It is understood that the Educator and the Parent will reach a mutual agreement regarding; Method of discipline (no physical punishment allowed), Program of daily activities and Hours of arrival and departure as well as days of care provided.

(B) Educators will provide; Nutritional lunch and snacks (See Parent Guidelines) and an Emergency Evacuation Plan.

(C) Back-up needs, whether due to Educator’s illness holiday, etc. are referred to the Agency who will do their utmost to make arrangements for back up care, with the full knowledge and consent of Parent and Educator. These back up arrangement will be in one of Wee Care’s approved Family Day Homes. (See Parent Guidelines for more details) If back care has been arranged and you cancel without notice, you may get charged on top of your regular fees.

**PLEASE INITIAL:** \_\_\_\_\_

The Parent signs a General Around Town Transportation and Outing Permission Form giving permission for the child(ren) to accompany the Educator on any outings or field trips which may be planned as part of the daily program. (Walking or by car around town).

**PLEASE NOTE:**

(A) Any child being transported in a vehicle must either be in a CSA approved car seat or seat belt as per Transport Canada Regulations.

(B) It is understood that the child(ren) in care will not be taken out of town unless written authorization has been given. (Specific Transportation and Outing Permission Form)

In the event of an emergency where the Parent cannot be reached, the Parent hereby grants permission for medical treatment to be obtained from their Doctor, or any Doctor selected by Educator or Agency Staff.

Medication shall not be administered to the child(ren) in care unless prior written permission, along with the Doctor’s instructions, have been given by the Parent. (See Parent Guidelines)

It is understood that the Parent or the Educator may initiate discussion with the Agency staff in relation to any problems or progress of the child in care, or services provided. As well, Agency staff will maintain monthly communication with both Parent and Educator. Parents are usually notified following the monthly Home Visit.

It is understood that either the Educator or the Parent must give notice of termination to both the Agency and the party concerned. (See Parent Guidelines) Notice given before the 15<sup>th</sup> of the month will be considered notice for that calendar month. Notice given after the 15<sup>th</sup> of the month will be considered notice for the end of the next calendar month. You will be responsible for those fees whether you use the time or not.

I give permission for ‘Wee Care’ Family Day Homes and their Educators to take photographs of my child/ren and to display these photographs in the day home and/or the Agency office. These photographs may also be kept in the Educators portfolios at the Agency office.

**Please Initial:** YES \_\_\_\_\_ OR NO \_\_\_\_\_

In Accordance with the Provincial Government, when your child is enrolled in licensed childcare, they will be registered on the government portal and then assigned a number (Child Care Participant Number) for grant tracking and accounting purposes. We will be inputting your child's information onto the portal. This information will include the child's name, date of birth, parent/guardian name, phone number or email address, the start date and registered attendance hours. (children formerly in the subsidy program are already enrolled) Please initial below to indicate you are aware of this and to give your permission.

**Please Initial: YES \_\_\_\_\_ OR NO \_\_\_\_\_**

(A) FEES: All fees are charged per calendar month. No roll overs.

**FEES MUST BE PAID IN ADVANCE. DUE IN THE OFFICE BY THE 3<sup>RD</sup> BANKING DAY OF THE MONTH OR THERE WILL BE A LATE FEE CHARGE ADDED TO YOUR ACCOUNT WITHOUT NOTICE.** (See Parent & Agency Fee Contract).

**\*\*\*Fees for the first month of care must be paid before beginning care\*\*\***

(B) **Time Booked is Time Paid.** (See Parent Guidelines)

There will not be a discount if you are away on holiday or if your child is off for any reason. You are responsible for paying for the spot that you have signed a contract for, whether that is full time or part time.

(C) **Overtime is Parents responsibility.** (See Parent Guidelines).

Overtime Fee will be charged at a rate of \_\_\_\_\_ per every \_\_\_\_\_ hour.

(D) The child(ren) will arrive at \_\_\_\_\_ and leave at \_\_\_\_\_ each day.

(E) The child(ren) will be placed on (date): \_\_\_\_\_.

(F) **Full Time Care:** Parent agrees to pay their educator fulltime fee for care, to secure space and have peace of mind. (See Parent Guidelines: Absenteeism, Contracted Hours & Holidays)

Please check one: Yes \_\_\_\_\_ OR No \_\_\_\_\_

(G) **Part Time Daily Care:** Please check one: Yes \_\_\_\_\_ OR No \_\_\_\_\_

(H) **Out of School Care:** Please check one: Yes \_\_\_\_\_ OR No \_\_\_\_\_

**THIS SECTION (H) TO BE COMPLETED FOR OUT OF SCHOOL CARE ONLY**

**Please check one:**

\_\_\_\_\_ Parent agrees to guarantee & pay their Educator a minimum of \_\_\_\_\_ hours, @ \$10.00/hour.

If parent requires extra hours of care they will be charged accordingly at the hourly rate.

**OR**

\_\_\_\_\_ Parent agrees to guarantee a monthly fee of \_\_\_\_\_ per month plus \$50.00/month administration fee  
Equals total fee of \_\_\_\_\_ per month.

Please use this area to cover any items not already covered in agreement. \_\_\_\_\_

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

I, \_\_\_\_\_, the parent sign this agreeing to the above, and having read the Parent Guidelines.

Please Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Signature of Agency Staff

\_\_\_\_\_  
Signature of Educator

