## **Provider/Parent Agreement per Child**

Child is Registered with Agency

Child is Private

Parent Name: Click or tap here to enter text.

Provider Name: Click or tap here to enter text.

Fee Schedule: **for agency registered families only**.

Please use the parent fee codes approved by Family Space and indicate which codes are scheduled for the child.

Parents and providers understand that two weeks written notice will be required for termination or an interruption of care. The home visitor will be notified of any change in care. Parents will be billed for the 2 weeks.

Start Date: Click or tap to enter a date.

Child Name: Click or tap here to enter text.

|  |  |  |  |
| --- | --- | --- | --- |
| **Days of Week** | **Code** | **Drop off Time (HH.MMam/pm)** | **Pick up Time (HH.MMam/pm)** |
| Monday | Click or tap here to enter text. | Click or tap here to enter text. | .Click or tap here to enter text. |
| Tuesday | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Wednesday | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Thursday | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Friday | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Saturday | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Sunday | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

Other Fee Schedule Details “**for the agency and privately registered families”** (including withdrawal procedures, holidays, sick time)

Click or tap here to enter text.

**Meals and Snacks**:

Meals will be served by the provider in accordance with the scheduled hours:

A.M. snack: Click or tap here to enter text. P.M. snack: Click or tap here to enter text.

Lunch: Click or tap here to enter text. Other (specify) Click or tap here to enter text.

When a child is on infant food it will be provided by the parent until the child is on table food. For a child on infant food, a separate feeding schedule must be completed and updated monthly for children up to 1 years of age. Any food or drink containers provided by the parent must be labeled with the child’s name.

### Indoor Supervision:

The provider is required to remain with children at all times while providing care. The supervision for indoor care for children shall be agreed upon by the parent and the provider. The provider must know the whereabouts of the children at all times and must have appropriate contact with them. I agree to the following indoor supervision plan for my child: Click or tap here to enter text.

### A) Constant Physical Supervision

### B) Within Ear/Eyeshot

### Outdoor Supervision:

The provider is required to remain with children under the age of six at all times during outdoor play. The supervision of outdoor play for children ages six and older shall be agreed upon by the parent and the provider. A separate outdoor supervision plan must be completed and submitted to the Agency before indoor or outdoor play without constant physical supervision can take place. The provider must know the whereabouts of the children at all times and must have appropriate contact with them. I agree to the following outdoor supervision plan for my child: Click or tap here to enter text.

A) Constant Physical Supervision

B) Within Ear/Eyeshot

C) Other (Complete Outdoor Supervision Plan)

### Escorting children:

This child(ren) under 9 years of age will be escorted to and from school or bus stop by:

Click or tap here to enter text.

This child(ren) 9 years of age or older may walk unescorted to school.

Click or tap here to enter text.

Name of School Click or tap here to enter text. Phone # Click or tap here to enter text.

**Section is completed by Provider:**

The provider Choose an item. administer prescription medications.

The provider Choose an item. have an Emergency Alternate Provider

Alternate Provider Name: Click or tap here to enter text.

### If any of the terms and conditions agreed upon by parents and providers change, a new agreement must be executed. The agency must be informed of any changes in this agreement and a new agreement must be completed and forwarded to Family Space by the Provider.

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**Parent signature: Provider Signature:**

Date: Click or tap to enter a date. **Date:** Click or tap to enter a date.



Date: Click or tap to enter a date.