

This is an agreement between _____, parent(s), and **Safia's Day Care Academy, LLC (SDCA)**, family day care provider, regarding the care of the following child(ren):

	Child's Name	Date of Birth
1		
2		
3		

Monday	AM	AM	Thursday	AM	AM
	PM	PM		PM	PM
Tuesday	AM	AM	Friday	AM	AM
	PM	PM		PM	PM
Wednesday	AM	AM			
	PM	PM			

Pick Up:

You agree to pick up your child(ren) on time. The late fee is **\$10.00 per hour** when notified. If SDCA has not been notified, the late fee is **\$10.00** plus an additional fee of **\$1.00 per minute**. In the event of an emergency, you agree to notify **SDCA** as soon as possible and let **SDCA** know what time you will arrive.

You will sign an Emergency Medical Care form prior to your child's first day of care indicating any individuals who are authorized to pick up your child(ren). You will agree to notify **SDCA** prior to any day one of these individuals (other than yourself) will pick up the child.

Fees:

The fee for care will be:

Hourly	\$	Daily	\$	Infant/Toddler/Preschool Weekly	\$	Before/After-School Weekly	\$

This fee includes: Breakfast, Morning Snack, Lunch, Evening Snack and Supper
But not diapers, wipes, or diaper rash ointments.

You agree to pay this fee in full on Monday; which will be for care for the current week.

We will agree on overtime hours in advance with an overtime fee of **\$10.00 per hour**. Any errand running will be requested in advance and provided at **SDCA** discretion; an extra fee of **\$35.00** will be charged.

Fees may be renegotiated on or before the first day of service and any changes will be effective on the following day of that same calendar year.

Personal/Vacation Time:

SDCA will be paid for the following holidays: **New Year's Day, Martin Luther King's Day, Memorial Day, Independence Day -July 4th, Labor Day, Thanksgiving, and Christmas Day.**

Initials _____

SDCA will not provide care on the following personal or religious days: **Eid Al-Fitr and Eid Al-Adha (Lunar days)**; you will not be charged for these days.

SDCA understand that you will observe the following personal or religious days: _____; you will not be charged for these days.

You will not be charged for one week of vacation time per year provided you let SDCA know at least two weeks in advance. SDCA will take one week of vacation per year; SDCA will let you know at least one month in advance and you will not be charged for this time.

Sick Time:

In the interest of all the children, it is best to keep a sick child at home if they have any of the following conditions: a contagious disease, a fever exceeding 101 degrees F, more than one undiagnosed episode of diarrhea or vomiting, or an undiagnosed skin rash, or any other illness that requires an excessive amount of individual adult attention,. No child will be accepted for sick child care on a drop in basis. As a parent, you know best when it is more appropriate for your child to be comforted by you at home than being sent to a day care home.

When your child is sick, you should notify SDCA by **6:00AM** in the morning, or the night before if possible. SDCA will not be paid for the day when the provider SDCA or the provider's child is sick.

In the event of a prolonged illness of either your child or the provider SDCA or the provider's child, we will discuss other permanent arrangements that are in all of our best interests. You may find it difficult to continue to pay to keep your child's slot open while he/she is sick. SDCA realize it may be difficult for you to continue with temporary care while the provider SDCA or the provider's child is suffering such a prolonged illness. No permanent arrangements will be made until such time that the situation becomes prolonged or indefinite, and we have discussed the situation.

When your child becomes ill at SDCA, you will be notified as soon as possible to discuss an early or immediate pick up. Your child must be picked up within an hour whenever possible, unless a mutually agreed upon time is set. You agree to accept and trust SDCA judgment of how sick your child has become while in SDCA care.

If your child is seen by a doctor for an illness, he/she must return with a note from that doctor indicating the type of illness, expected term of illness, medication child is on, and if illness is contagious. If your child begins taking an antibiotic, he /she must stay home for at least 36 hours after the medication has been started.

As part of this contract, you agree to sign a medical information and permission form for your child(ren) and these form(s) will be kept accessible to you.

Other:

You are responsible for selecting a back up provider(s) to care for your child(ren) when SDCA is unavailable. SDCA will be happy to provide you with the names of registered providers in the area.

By signing this contract you also agree to the terms and conditions stated in the **SDCA Parent Handbook of Policies and Procedures**.

Initials _____

SDCA agree to offer an atmosphere of warmth caring and concern for all the children in SDCA care. SDCA will offer nutritious snacks, meals and beverages for every child. SDCA will take responsibility for strollers, clothing or other items belonging to the child.

You will agree to provide SDCA with all necessary forms and telephone numbers where you or a responsible relative can be reached at all times before the first day your child(ren) is (are) in SDCA care.

You will give permission for your child(ren) to ride in SDCA car; SDCA agree to use an approved infant car seat, booster seat or seat belt as appropriate. SDCA will make every effort to plan trips in advance and to notify you of such trips. You will agree to let SDCA transport your child(ren) without notice in an emergency situation (ie. Provider's child becomes sick at school and needs immediate pick up). SDCA will inform you if such a situation has occurred.

A trial period of care is an option if we both agree; this period will continue until _____.

This agreement is effective as of _____.

The child's(ren's) first day will be _____.

Parent's Signature

Date

Provider's Signature

Date

Initials _____