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## **Family Child Care Contract**

The following agreement is made between:

Parent/Guardian(s):			
		and	
Program Educator: Community Child Care Se			as well as Children's Choice
Start Date/Change effectiv	re (circle):		
For the care of child			
Age of child			
Hours of care	(AM) to	(PM	I)
Day(s) of care needed			
Drop in/Extra Days: \$	Monthly: \$		
Late Fee: \$	_ (Collected by edu	ucator, not ag	gency)
I(we)	(parent/guardian) understand the following:		
(Please initial)			

One month notice will be given for any changes in rate by educator unless hours or terms of service have changed in which case fee will be effective as of the change. \_\_\_\_\_

One month notice must be given in writing to Agency and educator for termination of services.

Notice for any changes in hours or days will be given to the educator **ASAP**. This includes, but is not limited to, early/late pick up or drop offs and absences.

Alternate care is sometimes available when your educator is not. This service is not guaranteed. Alternate care should be arranged through the agency.

If my child is sick with anything contagious, I will NOT bring him/her to the day home. Should my child exhibit illness symptoms, I am required to pick up my child or arrange for an emergency contact to pick up. My return to care may be based on a doctor's note and/or my providers discretion.

I will provide my child with appropriate clothes for the weather as it is a requirement to go outside everyday unless severe weather conditions are present. \_\_\_\_\_

I have seen my educator's menu plan and daily routine and will advise if my child requires any special considerations (temporary or permanent).

All payment and subsidy information will be arranged through the agency.

Day Home rates include stat holiday as indicated below.

New Year's Day, Family Day, Good Friday, Victoria Day, Canada Day, Heritage Day, Labour Day, Thanksgiving Day, Remembrance Day, Christmas Day, Boxing Day, Truth and Reconciliation Day

Program Educator Signature:	Date:
Parent Signature:	Date:
Agency Signature:	Date:
Parent Email:	

Upon receipt of this contact agency will forward the remainder of the registration documents.

(P) 403-273-6360 (E) childrenschoice@childcarecalgary.com