



Family Child Care Contract for School Age Children

The following agreement is made between:

Parent/Guardian(s): _____

and

Program Educator: _____ and Children's Choice Community Child Care Services.

Start Date/Change effective (circle): _____

For the care of child _____ Age of child _____

Hours of care _____ (AM) to _____ (PM)

Day(s) of care needed _____

Monthly (fees include half days and PD days): \$ _____ Components: _____

Summer monthly fee: _____ Start Date of Summer Fee _____

Fee for extra full days (if applicable): _____

Late Fee: \$ _____ (Collected by educator, not agency)

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 or if the child is involved in extra-curricular activities at school. _____

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 educators discretion. _____

Should my child get sick at school, it is the parent/guardian's responsibility to pick up the child, not the providers. _____

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 holidays indicated below.

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

Program Educator Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Agency Signature: _____ Date: _____

Parent Email: _____

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

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