

Child Care Agreement

We have discussed the following issues and agree:

Child's Name _____ Child will begin on: _____

The schedule will be these days and hours. If the schedule changes, we will write down and agree on the new schedule.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Drop off Time							
Pick Up Time							

Who Can Pick Up The Child: These are the **ONLY** people whom I give permission to pick up my child.

Name: _____ Phone _____

Name _____ Phone _____

Cost of Child Care

1. The child care cost is \$ _____ per hour, or \$ _____ a week.

When and how the caregiver will be paid: _____

2. The following checked items are included in the cost of care.

Diapers Snacks Formula Meals Others: _____

3. The parent will provide: _____

Special Information About the Child

Allergies _____

Favorite Foods _____

Medication: _____

Favorite Activities: _____

Other: _____

Quality Care for Children

Metro Atlanta 877-722-2445 · Central Georgia 800-558-4804 · Northwest Georgia 800-308-1825

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Important Phone Numbers

Mother (work)_____ Father (work)_____

Mother (home)_____ Father (home)_____

Mother (cell)_____ Father (cell)_____

Child's Doctor_____ Hospital_____

Police_____ Fire_____ Poison Control_____

Safety

- We have used a safety checklist to childproof the home.
- We agree that outlets will be covered, cleaning supplies will be out of children's reach, and there is a smoke detector and fire extinguisher.
- We agree that the children will **ALWAYS** be put down to sleep on their backs to reduce the risk of SIDS.
- Emergency phone number are within easy reach.

Other

- I. We have discussed:
- Outdoor play What happens when my child does not behave
 - Television programs Homework Others
 - Snacks & Meals

For more information, or training opportunities, please call the
Quality Care for Children Child Care Resource and Referral in your area.

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