

FAMILY DAY CARE
INFORMATION AND AGREEMENT FORM

Child's Name: _____ Nickname: _____
Address: _____ Telephone: _____
Birthdate: _____ Date Started Care: _____
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Mother's Name: _____ Home Telephone: _____
Address: _____
Employer: _____ Work Telephone: _____
Father's Name: _____ Home Telephone: _____
Address: _____
Employer: _____ Work Telephone: _____

Name of person having legal custody of child: (This information is recommended, but not required)

Name of persons to contact if parents can not be reached:

1. Name: _____ Telephone: _____
Address: _____
2. Name: _____ Telephone: _____
Address: _____

Persons authorized to pick up this child: _____

Persons NOT authorized to pick up or visit this child _____

Physician's Name: _____ Telephone: _____
Physician's Address: _____

Information about child's health, allergies, food habits, etc.: _____

Child Development Information:

Child's interests: _____
Favorite toys and activities: _____
Fears: _____
Toileting habits: _____
Previous day care experience: _____
Method of discipline: _____

(Providers are not permitted to use physical punishment or any humiliating or frightening method of discipline or to deprive a child of meals or snacks)

The parent and provider agree on the following:

Terms of Care: Days: _____ Hours: _____
Payment rate of \$ _____ per hour day week month
Payments to be made daily weekly monthly
Other agreements: (Such as sick pay, late fees, holiday, vacation) _____

The parent will supply: Diapers Wipes Toys Food Bottles Change of Clothes

The provider will supply: Diapers Wipes Toys Food Bottles Change of Clothes

The provider will serve to the child: Breakfast Morning Snack Lunch Afternoon Snack Dinner

The parent and provider agree to these terms and will adhere to items listed on back of this page.

Parent's signature: _____ Date: _____

Provider's Signature: _____ Date: _____

Provider - White copy - Parent - Yellow copy

(See Back)