PARENT-PROVIDER CHILD CARE CONTRACT

The following contract is between: _____ (Parent/Legal Guardian of child(ren) in care) and

2 Granny's Childcare located at 4954 E St Springfield OR 97478.

Children listed below:

Child's Name_____ Date of Birth _____

I. Standard Rates, Fees, and Payment Policies:

1. The fees are as follows:
   Full Time Six weeks to 1 year: $1800 a month
   Full Time 13 months to 5 years: $1600 a month
   Part Time (Under 20 hours a week) Six months to 1 Years: $1300 a month
   Part Time (Under 20 hours a week) 13 months to 5 years: $1200 a month

   Drop ins:
   Six weeks to 1 year $15 per hour
   13 months to 5 years $10 an hour

2. Scheduled hours of care: (Be aware you are paying for a time slot, based on your hourly need not just hours.)

   M_____ T_____ W_____ T_____ F_____

3. Payment is due on the 1st day of care and on the 1st of the month thereafter. You will incur a late fee of $50 if payment is not received by the 5th. If not paid by the 10th care will no longer be available, and collection processes will begin.
4. Absences or late starts. You pay for the space you are contracted whether your child is present.
5. If the parent/guardian picks up later than scheduled time, the following will apply:
   You will be charged $1 per minutes per child is picked up. This amount is due prior to drop off the next scheduled day. If child is not picked up by 6:30pm we will contact emergency contacts, at 7:00pm we will call the proper authorities.
6. All holidays and closures, planned and unplanned, are considered paid time off. As any other professional who works 60 hours a week and is required to take continuing education, PTO is earned and essential part of positive mental health which contributes to a positive and joyful childcare environment.

II. Holidays and closures

New Year's Day
July 4th
Thanksgiving Day and the Friday after thanksgiving
Christmas Eve and Christmas Day
New Year's Eve
Two weeks in December (To be announced by November of that year).
One week over summer break (To be announced in May of that year).

If holiday falls on a Weekend, we may be closed the Friday before or the Monday after.
You will be expected to find alternate care if you require it for these days.

III. Parent and Provider Responsibilities:

1. The childcare provider will provide all meals and snacks. (except special dietary needs)
2. The parent(s)/guardian(s) will provide the following, if applicable:
   Change of Clothes /Shoes that are easy to get on and off/coat/swimsuits and towel. All clothes and shoes must fit properly and be clean.
   Formula/Breast Milk/Baby Food/Any special dietary needs. Diapers, Wipes & rash cream
3. Other special arrangements include: _____
4. All children must be up to date and provide proof of all vaccinations required by the state of Oregon or provide a state approved exemption.

IV. Sick child policy:

1. If child has any of the following, they will not be allowed to attend day care until symptoms are gone:
   - A runny nose with any colored discharge (clear runny noses which last longer than a week will require a doctor's note stating that it is allergies Runny noses that are clear and constantly need to be wiped are also grounds for exclusion from daycare.
   - Skin rash (Other than diaper rash). The child will not be allowed to return to care without a written statement from a doctor stating that the rash is not a communicable condition. Yeast infections are communicable; therefore, you MUST keep your child home until it is healed.
   - Any discharge from the eyes or ears (occasional clear tears are not an issue).
   - Communicable diseases or parasitic infestation. If a child contracts a communicable or contagious disease such as Pink Eye (also known as Conjunctivitis), Mumps, measles chickenpox, tuberculosis, MRSA, impetigo, lice (If your child has lice, they will need to be 100% nit free before returning to care), scabies, etc. the day care should be notified immediately. The child may return a\er they have seen their family doctor and there is a written medical note that has cleared them. This is to ensure the safety and health of all children in care.
   - Any type of seizure, a doctor's note will be required with follow up instructions (a minimum of 24-48 hours for exclusion will apply.
   - Seasonal allergies which result in uncontrollable sneezing, itchy/red watery eyes, continuous runny nose, rashes, and/or swelling of any body part.
2. If your child has any of the following symptoms, they will require a Dr. note before returning to childcare:
   - Fever (99 degrees or higher.)
   - Vomiting • Diarrhea
   - Continuous or uncontrolled coughing, especially when laying down or when exercising.

If anyone in your home is sick, please keep ALL the children home because they have been exposed and are very likely to be contagious as well. We will also require that you take home all your children if one becomes sick while attending daycare. If your child has received an immunization, we require that they stay home for a full 24 hours in case of side effects or fever.
If your child has had to be taken to the emergency room, after-hours clinic, or the doctor for an injury, we require that they stay home for up to 48 hours depending on the severity of the injury.

V. Potty training policy

Children who are beginning the process of potty training should be at least two and a half years old.
The child should be working on getting dressed themselves.
The child should be able to pull up and down their pull-up or underwear with minimal assistance from an adult.
We require the use of pull-ups until the child begins to have minimal accidents.

The child needs to understand the difference between a wet and a dry diaper.
The child should be telling an adult when they are wet or seem uncomfortable.
The child should begin to understand the process of what going potty is.
This is much to learn for a young child, and all the processes below should be done as much as possible by the child.
The adult is only there to assist when needed. Since the overall objective is to go on the big potty, we prefer to start the child out that way. The potty process is as follows: (Note: we prefer potty insert seats instead of the small portable potty chare when potty training the child).

- First, we walk to the bathroom.
- Next, we put the potty seat on the toilet.
- Now we move the stool over to the toilet.
- Next, we pull down your pants and pull-up.
- Ask for help to get on the toilet or get on the toilet all by yourself.
- Now we need to push our pee-pee or poop out of our bodies and into the big potty.
- Next, we ask and adult to help wipe.
- Now we get off the potty.
- Pull up your pull-up and pants.
- Now flush the potty.
- Let's wash our hands.
- Now let's go play.

Once the child has the understanding and mastery of the above, we will begin the Potty-Training process at school while you continue the practice at home.

NOTE: Please keep in mind that potty training is a long process that should not be rushed. Oftentimes children show interest in the potty then the interest will fade off quickly. Please be understanding with the child. Typically, children don't get the full concept until three years old. Sometimes breaks in the stress of the routine can be helpful if the child seems to be having a hard time grasping the concept. Allow for time. Allow for accidents. Don't shame the child or get mad at the child. This is a body function that is hard to understand as a two-and-a-half-year-old, and it should be treated with gentle care and consistency.

REQUIRED: All children NOT 100% potty trained are required to wear diapers or pull-ups when at daycare. Underwear can be worn at home for those children who are in the process of potty training. State regulations mandate that children who do not have control over their bodily functions must have protective undergarments on to avoid contamination of the daycare areas. Protective undergarments are diapers or pull-ups. Because it is exciting to be at daycare, children often forget the need to use the bathroom and will have more frequent accidents. To transition from wearing diapers/pull-ups to wearing underwear, your child MUST be accident-free for 30 consecutive DAYCARE days. Please note most calendar months only have 20 daycare days, so you are looking at about 1.4 months total before your child will be allowed to wear underwear at daycare with our permission.

VI. Damages:

The policy on damage caused by the child(ren) while in the provider's care unless caused by the negligence of the provider is: You will be charged replacement costs for damaged items. (This does not apply to normal wear and tear on toys or furniture, only to damage.)

VII. Termination procedure:

Withdrawal of child by parent:

In the event the Parent/Guardian wishes to withdraw their child from Day Care, the Parent MUST provide two weeks advance written notice before withdrawing the child from the program. Should the Parent fail to provide advance written notice, the Parent will be charged for two weeks of Day Care, even though the child is no longer enrolled in the program. The deposit paid at enrollment will be applied to this amount.

Termination by Provider:

A. Provider Required Advance Notice

The Provider may terminate any child's enrollment upon 2 weeks advance notice to the Parent/Guardian for any reason including but not limited to behavioral issues. In the event of behavioral issues, a Behavior Plan will be implemented and discussed with the Parent/Guardian. If the behavior is not rectified within the 2-week plan, the child's enrollment will be terminated.

The Provider may terminate a Child's enrollment in the Day Care immediately, if any of the following conditions arise:

1. At the provider's sole discretion, it is decided that the Child's behavior or that of the Parent's poses a significant threat to the physical or mental health or well-being of any of the children, staff, the program, or other persons on the Provider's premises or is causing damage to the property, and the Provider is unable to reasonably eliminate the threat.

2. Any payment owed by the Parent to Provider under this agreement is not paid within ten days of the due date.

3. The child is picked up late more than three times in any thirty (30) day period.

4. The child is absent more than 3 consecutive days without notice.

If pursuant to any of the reasons set forth above, the Provider terminates the child's enrollment during a payment period; a pro-rated amount will be refunded to the Parent after first deducting any outstanding balances owed.

Signatures:

By signing this contract, all parties agree to the above terms and policies, including financial responsibility for childcare provided. This is good for one year from signature date. The provider is responsible for providing all parties a copy of the signed contract.

_____ _____

Provider's signature Date

_____

Mother/Legal guardian signature Date Address Phone Number

_____

Father/Legal guardian signature Date Address Phone Number

_____ _____

Co-signer's signature (Required if parent/legal guardian is under 18 years old. Co-signer must be 18 or older and by signing assumes financial responsibility in case the parent/guardian fails to pay for care provided.) Date

Medical Authorization for Non-Prescribed Medications

All over the counter medications including topical substances shall be in the original container and labeled with the child's name. My child may be given non-prescribed medication. This may include the following:

Acetaminophen No ☐ Yes ☐

Antibiotic cream No ☐ Yes ☐

Antihistamine No ☐ Yes ☐

Antiseptic wipes/gel No ☐ Yes ☐

Baby Lotion No ☐ Yes ☐

Baby Oil No ☐ Yes ☐

Baby Powder No ☐ Yes ☐

Cough Syrup No ☐ Yes ☐

Diapering Ointment No ☐ Yes ☐

Diaper Wipes No ☐ Yes ☐

Hydrocortisone No ☐ Yes ☐

Ibuprofen No ☐ Yes ☐

Insect Repellent No ☐ Yes ☐

Lip Balm No ☐ Yes ☐

Rash Ointment/Cream No ☐ Yes ☐

Saline Nose Drops No ☐ Yes ☐

Shampoo No ☐ Yes ☐

Sunburn Ointment No ☐ Yes ☐

Sunscreen No ☐ Yes ☐

Teething medications No ☐ Yes ☐

Toothpaste No ☐ Yes ☐

Petroleum Jelly No ☐ Yes ☐

Other:

_____

_____

_____

_____

_____ _____

PARENT/GUARDIAN SIGNATURE DATE

Oregon Certificate of Immunization Status

Certificado de estado de vacunación

Oregon law requires proof of immunization or exemption signed prior to a child's attendance at school, preschool, child care or home day care. This information is being collected on behalf of the Oregon Health Authority and may be released to the Authority or the local public health department by the school or children's facility upon request of the Authority.

La ley de Oregon requiere que se entregue un comprobante de vacunación o de exención firmado antes de que un(a) menor asista a la escuela, al preescolar, a un centro de cuidado infantil o a una guardería. Esta información se recopila en nombre de la Autoridad de Salud de Oregon y la escuela o el centro infantil, y puede divulgarse a la Autoridad o al departamento local de salud pública, si la Autoridad la solicita.

Child's last name *Apellido del/de la menor*	First name *Primer nombre*	Middle name *Segundo nombre*	Birth date *Fecha de nacimiento*
Parents' or Guardians' names *Nombre de los padres o tutores*		Phone number *Número de teléfono*	

Write the dates the child received the vaccines
Indique las fechas en las que el/la menor recibió las vacunas

Vaccines / *Vacunas*	**Dose 1 *Dosis 1***	**Dose 2 *Dosis 2***	**Dose 3 *Dosis 3***	**Dose 4 *Dosis 4***	**Dose 5 *Dosis 5***
Diphtheria/Tetanus/Pertussis *Difteria/tétanos/tos ferina* (DTaP)					
(Tdap)					
Polio (IPV)					
Varicella (Chickenpox) *Varicela*			☐ Check if child had chickenpox disease *Marque aquí si el/la menor ha tenido varicela.* Date / *Fecha*		
Measles/Mumps/Rubella (MMR) *Sarampión/paperas/rubéola*					
Hepatitis B (Hep B)					
Hepatitis A (Hep A)					

Haemophilus Influenzae Type B *Tipo B* (Hib)					

I certify that the information on the form is an accurate record of this child's immunizations.
Certifico que la información en el formulario es un registro exacto de las vacunas de este(a) menor.

Signature* *Firma**		Date *Fecha*	
Update signature *Actualizar la firma*		Date *Fecha*	

* Parent, guardian, student at least 15 years of age, medical provider or county health department staff person may sign to verify vaccinations.
* *El padre, la madre, el/la tutor(a), un estudiante de por lo menos 15 años de edad, un proveedor médico o un miembro del personal del departamento de salud del condado puede firmar para verificar las vacunas.*

Child's last name *Apellido del/de la menor*	First name *Primer nombre*	Middle name *Segundo nombre*	Birth date *Fecha de nacimiento*

Other vaccines received
Otras vacunas recibidas

Vaccine name ***Nombre de la vacuna***	**Date** ***Fecha***

Medical exemptions and immunity documentation
Documentación sobre las exenciones médicas y documentación de inmunidad.

Medical exemptions and immunity documentation require a letter signed by a licensed physician submitted to your child's school or child care. For the requirements go to www.healthoregon.org/medicalexemptions

La documentación sobre las exenciones médicas y documentación de inmunidad exige que se le entregue a la escuela o centro de cuidado infantil de su hijo(a) una carta firmada por un médico autorizado. Para ver los requisitos, visite www.healthoregon.org/medicalexemptions

Nonmedical exemption / *Exención no médica*

I have received information regarding the benefits and risk of immunizations. I understand my child may be excluded from school or child care if there is a case of disease that could be prevented by vaccine. I have attached the required document from (check one):

☐ The vaccine module approved by the Oregon Health Authority

☐ A health care practitioner

He recibido la información relacionada con los beneficios y los riesgos de las vacunas. Entiendo que pueden excluir a mi hijo(a) de la escuela o del centro de cuidado infantil si se presenta un caso de enfermedad que podría prevenirse con una vacuna. Adjunto el documento requerido de parte de (marque una opción):

☐ *El módulo de vacunas aprobado por la Autoridad de Salud de Oregon*

☐ *Un proveedor de atención médica*

I request that my child be exempted from the following required immunizations (check all that apply):
Solicito que se exente a mi hijo(a) de las siguientes vacunas requeridas (marque todas las opciones que correspondan):

☐ Diphtheria/Tetanus/Pertussis / *Difteria/tétanos/tos ferina* ☐ Polio ☐ Varicella / *Varicela*

☐ Measles/Mumps/Rubella / *Sarampión/paperas/rubéola* ☐ Hepatitis B ☐ Hepatitis A

☐ Hib

Optional / *Opciona*

Immunizations are being declined because of:
Se están rechazando las vacunas debido a lo siguiente:

☐ Religious belief / *Creencias religiosas* ☐ Philosophical belief / *Creencias filosóficas* ☐ Other / *Otro*

Signature *Firma*		Date *Fecha*	

Prescription Medication Authorization

No prescription medication or non-prescription medication including but not limited to pain relievers, sunscreen, cough syrup, diapering and first aid ointments or nose drops, may be given to a child except under the following conditions:

1. A signed, dated, written authorization by the parent is on file.
2. Prescription medication is in the original container and labeled with the child's name, name of drug, dosage and directions for administering, date and physician's name.
3. Non-prescription medication is in the original container, labeled with the child's name, dosage, and directions for administering.
4. All medications are secured in a tightly–covered container with a child-proof lock or latch and stored so that they are not accessible to children.
5. Medications requiring refrigeration are kept in the refrigerator in a separate tightly-covered container with a child-proof lock or latch, clearly marked medication
6. Parents informed daily of medication administered to their child.

Child Name: _____ Date: _____

Medication: _____

Dosage: _____

Time to be given: _____

Possible side effects: _____

Dates to _____ be given from: _____ to _____

I _____ authorize to dispense the above medication in accordance with the administration information.

Signature: _____ **Date:** _____

Medication to be given by	Dosage	Date	Time

Child Enrollment Form

Oregon Department of Early Learning and Care

Child's Name (Last, First)		Child Nickname
Date of Birth	**Date Entered Care**	**Age at Entry**

ALLERGY ALERT | **Does your child have allergies? ☐ YES* ☐ NO** ***If yes, please complete an allergy care plan.**

Parent or Guardian Contact Information

Name (First, Last)			Relationship
Home Address (Street, City, Zip)			
Home Phone	Cell Phone	Email Address	
Employer and Work Hours	Work Address (Street, City, Zip)		Work Phone

Name (First, Last)			Relationship
Home Address (Street, City, Zip)			
Home Phone	Cell Phone	Email Address	
Employer and Work Hours	Work Address (Street, City, Zip)		Work Phone

Required Emergency Contact Information- person other than parent or guardian that is authorized to pick up child

Name (First, Last)	Phone	Relationship
Name (First, Last)	Phone	Relationship

Non-Emergency Contact Information- person other than parent or guardian that is authorized to pick up child

Name (First, Last)	Phone	Relationship
Name (First, Last)	Phone	Relationship

Medical Contact Information

Insurance Provider and Policy Information (if applicable)	
Child's medical provider(s) or emergency care facility	Phone

Parent or Guardian Authorizations (not all of these authorizations are required in family child care)

Please list any restrictions to permission of the following:

My child may be taken on neighborhood walks. ☐ Yes ☐ No Note: A signed permission slip is required for all field trips out of the neighborhood.

My child may use sunscreen ☐ Yes ☐ No My child may apply their own sunscreen under adult supervision. ☐ Yes ☐ No

My child may be photographed and/or recorded for publicity or news purposes: ☐Yes ☐ No This applies to: ☐ On-site ☐ Off-site photography and video.

CC/SC: my child may participate in religious or cultural events described in center policy, including special occasions where food is being served. ☐ Yes ☐ No

I have reviewed a copy of this child care facility's current license certificate. ☐ Yes ☐ No

I have received a written copy of the program's child care policies. ☐ Yes ☐ No

In an emergency, the child care facility has my permission to call an ambulance or transport my child to any available physician or hospital at my expense to obtain medical treatment. In most emergencies, 911 is called and the child is transported to the nearest hospital and treated by the on-call physician. The parent or guardian of the child must be notified as soon as possible.

Parent/Guardian Signature	**Date**