

# NeeNee's Kings & Queens Childcare Agreement

**Please read over this agreement. Sign, date and return this copy to the provider. The provider will keep this agreement on file, and you will receive a copy of this signed agreement.**

Date of Agreement \_\_\_\_\_ Trial Period ends \_\_\_\_\_ Full Agreement Effective Until \_\_\_\_\_

1st Child's Name \_\_\_\_\_ Sex \_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_/ Age \_\_\_\_\_

2nd Child's Name \_\_\_\_\_ Sex \_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_/ Age \_\_\_\_\_

3rd Child's Name \_\_\_\_\_ Sex \_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_/ Age \_\_\_\_\_

Child's Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Child's Home Phone # \_\_\_\_\_ Child lives with \_\_\_\_\_

Parent/Guardian Names \_\_\_\_\_ Marital Status \_\_\_\_\_

Please list all members of the child's household including ages of sibling's \_\_\_\_\_

\_\_\_\_\_

## **EMERGENCY INFORMATION**

If a parent cannot be contacted, please list one person who can be notified in the case of an emergency.

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to child \_\_\_\_\_

Please list all people who can pick child up from care without written consent from parents.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

8. \_\_\_\_\_

## **CHILD CARE HOURS / DATE NIGHTS/ BABY SITTING/ OVERNIGHT AND FEES**

(Please Circle which one you prefer)

(If you have three or more children the oldest (1) will, be free of charge)

6weeks to 5-year old's \$30/day per child

6year old to 12-year old's \$15/day per child

Hourly Rate \$15

(Per family)

Overnight: \$15 additional added to the daily charge (Friday & Saturdays Date nights only) Pick up time no later than 9:30am next day)

## **HOURS OF OPERATION**

### **Mondays – Fridays**

(Saturdays are an option if needing an extra helping hand every 1<sup>st</sup> & 3<sup>rd</sup> Saturday)

Mondays, Wednesdays, & Fridays 6AM to 6PM

Tuesdays, Thursdays, & Every 1<sup>st</sup> & 3<sup>rd</sup> Saturdays 6AM to 10PM

**Hours:** Your Hours agreement for care will be from \_\_\_\_\_ to \_\_\_\_\_ on the following days: Mon. Tues. Wed.

Thurs. Fri. Sat. Or from \_\_\_\_\_ to \_\_\_\_\_ on the following days: Mon. Tues. Wed. Thurs. Fri. Sat.

**It is important that arrival and departure times are punctual and brief-so that we can all get settled and proceed with our activities.** If you need care beyond the agreed hours you will need to prearrange this with the provider. The provider is under no obligation to provide an extension of time if such extension conflicts with the provider. Late arrival does not justify late departure.

**Fees:** The basic charge will be \$30 per day per child who are 6wks to 5yr old's 'and \$15/day per child who are 6yr old to 12yr old's full-time care/part time. And shall be paid each Monday morning in advance (for the week) when you drop your child off for care. If your child will not be in care on Monday morning you will need to drop payment off prior to Monday morning. Do not put me in a position to ask for the payment – please remember to bring it. If you would like to make your payment at the end of the month or the beginning of the month, please advise the provider of what will be best for you.

**Late Fees:** A one-time fee of **\$10.00** will be charged for any late payments after the agreed payment date. Childcare will not be provided to clients with outstanding fees. Childcare will be reinstated when payment and late fees are paid\_in full.

## **TRANSPORTATION**

This signed agreement gives the provider permission to transport by car or stroller or walk child/ren to the following locations off the premises. The parent will always be notified of an outing before it takes place AND REQUEST OF \$10 FOR THE SPECIAL OUTTINGS. All children under 7 years old will be in regulation car seats for their age and weight and all other children will wear seat belts.

Walk around the Childcare facility surroundings areas

1. Local Parks
2. Zoos
3. Museums
4. Chuck E. Cheese's
5. Creative activities such us (Catapult Adventure Park, DEFY, Bowling, Go Kart, Library, Mall, ETC.)

**TERMINATION/TRIAL PERIOD**

A two-week trial period will be in effect starting on the first day of care and ending on \_\_\_\_\_. During this trial period either party may choose to discontinue services with written notice. Parent will only be charged for day(s) child received care during trial period.

Either party with two weeks’ notice or equivalent tuition payment may terminate this agreement. Both parties reserve the right to terminate without notice if the other party is in substantial violation of the agreement and/or safety or health of children is endangered.

**AGREEMENT**

I / we have read the agreement and will comply with all the provisions contained therein. At this time, I/we shall enter agreement with NeeNee’s Kings & Queens Childcare for care of above-named child/ren with the understanding that we shall work together on the behalf of the child/ren.

This agreement is in effect until a change is mutually agreed upon in writing or upon termination of care. Both parties agree to cooperate and work together on behalf of the child and accept this agreement as a binding contract.

This agreement is subject to review and renewal on \_\_\_\_\_. Any changes made by the provider to the terms of the contract must be made on the renewal date unless mutually agreed to beforehand by the provider and parents or guardians who are parties to this agreement. Otherwise, this agreement will remain in effect until the renewal date or upon termination of care as set forth herein.

Parents/ Guardian Signature \_\_\_\_\_  
Date \_\_\_\_\_

Legal Address of Parents/ Guardian \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Parent / Guardian Signature \_\_\_\_\_  
Date \_\_\_\_\_

Legal Address of Parents / Guardian \_\_\_\_\_ Phone Number: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I have discussed and reviewed this agreement and agree to provide care for the above-indicated child/ren, to be placed in my home if the terms of this agreement are upheld.

Provider Signature \_\_\_\_\_ Date \_\_\_\_\_

Legal Address of provider \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Agreement Terminated on \_\_\_\_\_ Reason of termination \_\_\_\_\_

Revised 8/25/2021.

**Enrollment Date:** Year: \_\_\_\_\_ Day: \_\_\_\_\_ Month: \_\_\_\_\_  
(Start Date)

**In accordance with NeeNee’s Kings & Queens Childcare, staff – child ratio must be always met. Therefore, it is imperative that arrival and departure times be adhered to. Failure to adhere to your scheduled times will result in late fees being charged. Late fee charge will be \$1 per minute if child/ren are not picked up at the agreed time of pick up.**

Arrival Time: \_\_\_\_\_ Departure Time: \_\_\_\_\_

**Medical Information**

Doctor's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Health Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

I hereby give consent to have my child examined and treated by a Physician if an emergency should arise, while in care, with NeeNee's Kings & Queens Childcare.

\_\_\_\_\_  
Date Signature of Parent/Guardian

1. Does your child have any allergies?  
No \_\_\_\_\_ Yes \_\_\_\_\_

Explain \_\_\_\_\_

2. Special dietary concerns?  
\_\_\_\_\_

3. Any foods disliked?  
\_\_\_\_\_

4. Is your child used to daily outdoor play?  
\_\_\_\_\_

5. Is your child toilet trained?  
\_\_\_\_\_

6. Does your child need any help during the toileting routines?  
\_\_\_\_\_

7. How does your child indicate the need to use the toilet?  
\_\_\_\_\_

8. Has your child ever been hospitalized? If yes, explain?

9. Does your child take any medication? No \_\_\_\_\_ Yes \_\_\_\_\_ Explain \_\_\_\_\_

10. Does your child wear a MEDIC ALERT bracelet or necklace?  
No \_\_\_\_\_ Yes \_\_\_\_\_ ID NUMBER \_\_\_\_\_ PHONE \_\_\_\_\_

## About Your Child

1. Does your child play with children, other than family members?

Yes\_\_\_ No\_\_\_

2. Describe your child's interactions i.e.: shy, outgoing, rough play, talkative, etc.

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3. Does your child have any fears?

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4. How does your child handle frustration? \_\_\_\_\_

5. Do changes in routine or special events upset your child?

Yes\_\_\_ No\_\_\_\_\_

Explain \_\_\_\_\_

6. Does your child have any brothers or sisters:

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name \_\_\_\_\_ Age: \_\_\_\_\_

7. Are there any household pets?

No \_\_\_ Yes\_\_\_\_\_

Names/types \_\_\_\_\_

8. Is there any other information about your child which you feel we should know in order to understand him/her better (special needs, birth of siblings, recent changes in the home environment etc.)

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**Field Trip Consent**

I hereby give my permission for my child to take part in field trips, planned and supervised by the childcare home. We usually go for walks near my Apartments or parks. Notices will be provided. I understand that if I do not want my child to attend, all or any specific field trip, I must provide alternate care for my child. NeeNee’s Kings & Queens Childcare cannot provide care, and fees will not be altered.

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Signature of Parent/Guardian**

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**Video Photo Consent**

I hereby give my permission for my child to be photographed for program reasons only. I understand that if any pictures are taken for reasons other than program (IE: advertising) I will be notified in advance, so that my permission may be given.

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Signature of Parent/Guardian**

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**Fee Schedule**

As of \_\_\_\_\_ 2021, Priority goes to full time care (5 full days per week) First come, first serve basis.

**NeeNee’s Childcare** 5 full days per week **\$150.00** per week (\$30.00/day) Ages 6weeks to 5yr old’s or \$75.00 per week (\$15.00/day) for ages 6-12yr old’s)

Reviewed by: \_\_\_\_\_

Staff Name: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Signature of Parent/Guardian**

**EMERGENCY CARD**

CHILD'S NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

**PARENT #1:** \_\_\_\_\_

**PARENT #2:** \_\_\_\_\_

NAME OF WORK/SCHOOL: \_\_\_\_\_

NAME OF WORK/SCHOOL \_\_\_\_\_

ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

Work Phone # \_\_\_\_\_

Work Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_

PHYSICIAN'S NAME: \_\_\_\_\_

DENTIST'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

PHONE: \_\_\_\_\_

HEALTH CARD NUMBER: \_\_\_\_\_ EXPIRY DATE: \_\_\_\_\_

NAME OF CHILD AS IT APPEARS ON CARD: \_\_\_\_\_

ALLERGIES/ MEDICAL INFORMATION: \_\_\_\_\_

**IN CASE OF MEDICAL EMERGENCY, I CONSENT TO MY CHILD RECEIVING SUCH EMERGENCY CARE AS DEEMED NECESSARY:**

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE:

**PERSON(S) OTHER THAN YOURSELF. WHO HAVE AUTHORIZATION TO MAKE MEDICAL AND EMERGENCY DECISION ON YOUR BEHALF?**

**YOUR CHILD MAY BE RELEASED WITHOUT WRITTEN OR VERBAL CONSENT FROM YOU TO SAID PERSON(S).**

1. NAME: \_\_\_\_\_

2. NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

WORK # \_\_\_\_\_

WORK# \_\_\_\_\_

CELL # \_\_\_\_\_

CELL # \_\_\_\_\_

RELATIONSHIP TO CHILD: \_\_\_\_\_

RELATIONSHIP TO CHILD: \_\_\_\_\_

3. NAME: \_\_\_\_\_

4. NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

WORK# \_\_\_\_\_

WORK# \_\_\_\_\_

CELL# \_\_\_\_\_

CELL# \_\_\_\_\_

RELATIONSHIP TO CHILD: \_\_\_\_\_

RELATIONSHIP TO CHILD: \_\_\_\_\_

## **FOOD/ALLERGIES**

NeeNee's Kings & Queens Childcare will provide **Breakfast** and **Snacks**. **Dinner** will be provided on **Tuesdays**, and **Thursdays**. I'm asking all parents to provide their child/ren lunches and if your child/ren are picky eaters. If your child has food allergies we can accommodate.

Because of the presence of children at NeeNee's Kings & Queens Childcare who have anaphylactic allergies, **please do not send your child to childcare with peanuts, soy, fish, wheat, and eggs** to lessen the risk of a child encountering an anaphylactic food.

**I agree not to send my child/ren to NeeNee's Kings & Queens Childcare Home with the foods listed above. I also agree to send my child/ren with a lunch to childcare daily. If I forget to bring my child/ren lunch \$5 dollars will be added to my invoice.**

\_\_\_\_\_  
Parent's signature

\_\_\_\_\_  
Date

## **Pictures**

Parents at NeeNee's Kings & Queens are asked to not take pictures of other children in the home. NeeNee's Kings & Queens Childcare staff/provider take a lot of pictures of the children and are pleased to send you pictures of **your** child.

I agree **not** to take pictures of other children at NeeNee's Kings & Queens Childcare

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Provider signature

\_\_\_\_\_  
Date



NeeNee's Kings & Queens Childcare Child File Sign-Off Sheet - FOR STAFF/PROVIDER TO SIGN

Child's Name: \_\_\_\_\_

I have read the child's file mentioned above:

\_\_\_\_\_  
Staff Signature  
Revised 8/25/2021.

\_\_\_\_\_  
Date