

# WRIGHT'S FAMILY DAY CARE

Dear Parents,

Welcome to Wright's Family Day Care. I have prepared this letter to familiarize you with myself and my thoughts about caring for your child in my home. I firmly believe that a quality family day care home is the very best environment that any child can receive while their parents are working. I believe that an infant/child can grow to their best ability with a provider who treats the children in her care as her own rather than part of a job, as happens too often in centers.

My program is neither a rigidly structured school nor a simple baby-sitting service, I believe in free play and casual learning. At my home physical, social, and emotional development will take place naturally. I strive in every way to make my daycare a safe and inviting place for your child. I look forward to working with you and your family.

## SCHEDULE:

My daycare is open from 6:30a.m. to 4:30p.m. I will provide breakfast, lunch, & afternoon snack. Please do not send candy, gum, cookies, etc... unless it's a special treat for birthdays or holidays.

I prefer not to plan long structured lessons each day. I prefer a flexible schedule that gives me the freedom to interact with each child. I will plan age appropriate activities such as arts & crafts, games, sing along exercising and much more.

## TENTATIVE SCHEDULE:

6:30-8:45 Arrivals & Breakfast

8:45-10:00 Free play

10:00-10:15 Diaper changing

10:15-10:45 Planned activity

10:45-11:15 Clean up/lunch preparation

11:15-12:00 Lunch

12:00-12:45 Diaper changing & free play till nap time

12:45-3:00 Naptime

3:00-3:15 Diaper changing

3:15-3:45 Afternoon snack

3:45-4:30 Free Play until departure

The following agreement is made between:

1. Mother/Legal Guardian \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Home Address \_\_\_\_\_  
Name & Address of Employer \_\_\_\_\_

2. Father/Legal Guardian \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Home Address \_\_\_\_\_  
Name & Address of Employer \_\_\_\_\_

3. Child's Full Name & Birth Date \_\_\_\_\_

4. Provider's Name \_\_\_\_\_  
Address & Phone Number \_\_\_\_\_

### GENERAL

1. Parents will provide me with an extra set of clothes to stay at the day care. Diapers, wipes and special ointments are also provided by the parents.
2. No toys should be brought from home with the exception of a favorite toy or blanket that your child needs for nap time.
3. When a person other than the parent is to pick up the child written or oral permission must be given and that person must show positive ID.
4. Provider shall notify the public welfare department when I suspect that the child is a victim of child abuse or neglect.
5. In the event of an emergency, serious illness, or death in my family, parents must have a back up childcare in place.
6. It is agreed that the parent will notify the provider of any cancellations. Parents may call the provider no later than 10:00p.m. and no earlier than 6:00a.m. to cancel services.
7. Parents must inform provider of any cancellations by 10:00a.m., this will allow provider time to make schedule, meal and nap changes.
8. I welcome parent's phone calls during the day to check on their children. Please understand that my schedule does not always permit me to answer the telephone. If I am busy I will return your phone call as soon as possible.

## HEALTH AND ILLNESS POLICY

1. Parents health insurance company \_\_\_\_\_
2. Sick care shall be provided to a limited extent at the provider's discretion if in the provider's estimation I feel I can not provide adequate care to your child, care may be denied during sick time.
3. Parents agree to notify me of any illness or suspected illness, I agree to do the same. It will be necessary to make other arrangements if your child shows one of the following:  
Fever of 101 or higher  
Vomiting more than once  
Diarrhea and fever combined  
Contagious illness (chicken pox, eye infection, etc...)  
Sever pain or discomfort  
Suspicious rash
4. Medication shall be given only with the parent's written consent. All prescription medication must have the child's name on it.
5. Parents agree to keep up to date their child's immunizations in accordance with the law and to inform me of the updates from the doctor.
6. In case of a life threatening emergency, local paramedics will be called first then the parents shall be notified of the situation.

## FINANCIAL POLICY

1. Child care fees are based on a five day work week including payment for holidays, illness absent days, and days missed due to in climate weather.

## THE FOLLOWING DAYS ARE PAID HOLIDAYS.

1. New Years Day 2. Presidents Day
3. Good Friday & Easter Monday
4. Memorial Day 5. July 4th
6. Labor Day 7. Thanksgiving Thurs. & Fri.
8. Winter Vacation (to be taken Christmas Eve through New Years Day)

## NO FEES DUE FOR THE FOLLOWING

(3) Personal Days if needed

Summer Vacation \*

2.\* My summer vacation will always be announced in January. I always pick a "prime" week either in July or August. If parents choose to take that week off also, there are no fees due, however if you choose to take another week off during the year daycare payment will be expected in full for that week.

3. Upon enrollment, a one week deposit of fees is required in addition to your first week's fee. This is non-refundable. It will be held and used for your last week of childcare.

Full-time rate (5 days) \_\_\_\_\_

Part-time rate (4 days) \_\_\_\_\_ (3days) \_\_\_\_\_ (2) days \_\_\_\_\_

The total basic charge for the care of \_\_\_\_\_  
shall be \$ \_\_\_\_\_ per \_\_\_\_\_.

Payment shall be received each Monday or the first day of the week child enters Day Care Home.

\*\*\*Sign. \_\_\_\_\_

4. Care can be denied if fees are not met.
5. The overtime fee for services shall be \$5.00 per 15 minute period.
6. There will be a \$25.00 charge for all returned checks.
7. This agreement may be terminated by parent/guardian by giving two weeks written notice. Provider may also terminate this contract upon 2 weeks written notice. Care may be immediately denied by the provider due to late payment of child care fees, gross misconduct by parent or child or other.
8. Please make checks payable to Sue Wright- Thank you.
9. \*\*\*Parents days off- While I welcome parents to drop their children off when they are not working so you can run errands or tend to appointments, I ask that you keep the daily hours between 8:00am & 4:00pm on these days.

### EMERGENCY CONTACT PERSONS

- 1.
- 2.
- 3.

### MISCELLANEOUS

There is a high turnover rate in the child care profession due to long hours, low hourly pay, and lack of many benefits that most people take for granted. I point this out so you can better understand some of the policies in my contract. I enjoy my work and take steps to avoid burnout, you can help by:

1. Fulfilling contract arrangements.
2. Open and honest communication.
3. Being prompt with pickups.
4. Recognition and respect for my position as a professional child care provider.
5. Please make your payments promptly.

