

Licence#38400532

Evelina Ehrlich

1354 10th Ave San Francisco, CA 94122

(415)564-3159

CAREGIVER-PARENT AGREEMENT

Childcare fees are payable in advance and are due no later than _____.

As additional fee of \$ _____ will be charged if the payment is late. Fees may be paid:

Weekly _____ Bi- Weekly _____ Monthly _____

Childcare fees are based on a five-day week, including holidays and absence from illness, and must be paid in full.

Parents must notify Ella's Second Home within two months about leaving the daycare or must pay for last two months.

Parents are required to notify the childcare two full weeks in advance when the child is to be withdrawn to accompany parents on vacation. Parents will then be required to pay the regular week rate in advance for the vacation time in order to insure readmission.

I have two vacations every year. Ella's Second Home is closed for winter break (Dec 25th – Jan 2nd), and a one week vacation, we will notify you in 3-4 months in advance.

FOOD

Meals will be provided by our program. Please explain if the child has special dietary needs. List any known or suspected allergies (food, medication, etc) or special medical problems. Medications must have child's name on a label.

MEDICAL INFORMATION

All children must have their immunizations within 3 days after placement in this facility. Please notify the program if your child will be absent because of illness. Contagious diseases must be brought to our attention immediately. If your child becomes ill during care, you will be asked to pick up your child immediately. If you cannot be reached, I will call one of the emergency numbers you have listed. Your child will be readmitted when symptoms have subsided. When your child is experiencing any of these conditions: fever 100.0 or higher, diarrhea, vomiting or pink eye, they can't be accepted in the program. Child should be free of these symptoms for 24 hours. Parents should provide day care with diapers, wipes and change of clothes. Child's clothes should be comfortable. We should be notified about any changes in child's sleeping, eating, or behavioral pattern.

I agree to pay \$ _____ per week for child care

OVERTIME WILL BE \$10 every 30 minutes

Care provided for child 10 minutes after normal pickup time will be considered overtime.

I _____ AGREE TO ALL OF THE ABOVE

DAYCARE PROVIDER SIGNATURE _____ DATE _____

PARENTS SIGNATURE _____ DATE _____