

CHRISTINE'S FAMILY DAYCARE
Policies Agreement for _____ (child's name)

Please initial next to each title below to acknowledge you read over each section of the policies of Christine's Family Daycare. Then sign/date at the bottom & return this page to the Provider.

Page 3

____ COMMUNICATION

____ DAYCARE HOURS

____ OVERTIME RATE FEE

____ SECURITY DEPOSIT

____ TERMINATION

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____ PAYMENTS

____ RETURNED CHECK FEE

____ LEGAL FEES

____ CHILD'S ABSENCE

____ HOLIDAYS

____ PROVIDER'S VACATION

____ PROVIDER'S SICK/PERSONAL DAYS

____ BEREAVEMENT

Page 5

____ JURY DUTY

____ BACK-UP CARE

____ INCLEMENT WEATHER

____ PET

____ MEALS

____ EVACUATION PROCEDURES

____ PERSONAL PROPERTY/TOYS

Page 6

____ CLOTHING/SUPPLIES

____ POTTY TRAINING

____ EMERGENCY CONTACT INFORMATION

____ IMMUNIZATIONS

____ NAPTIME

Page 7

____ MEDICATION

____ SICKNESS POLICY

____ COVID

____ PARKING

Page 8

____ FIELD TRIP & OUTINGS

____ ARRIVALS & DEPARTURES

____ DAILY SCHEDULE

____ HOUSE RULES

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____ DISCIPLINE

____ SCREEN TIME POLICY

By signing and dating below, parent agrees that they have read and understand these policies and agree to abide by them.

Parent signature

date

Parent signature

date