

# Carol's Smart Start, Inc

16246 Alliance, Ln, Spring Hill, FL 34610

(727) 863-CARE (2273)

## PARENT-PROVIDER AGREEMENT

Parent-Provider Agreement between, \_\_\_\_\_ (parent/guardian) and, Carol A. Ryder DBA Carol's Smart Start known here after as "provider"

### HOURS/DAYS:

(Child's name) \_\_\_\_\_ will join the Family Day Care Program, starting on \_\_\_\_\_. The child will arrive mornings/afternoon by \_\_\_\_\_ and will be picked up in the morning/evenings by \_\_\_\_\_. The parent agrees to call me by \_\_\_\_\_ if he/she will be late and pay an additional charge of \$5.00 for each hour. Five minutes after pick up time constitutes an hour. The program will be open as usual for all holidays stated in the provider's Policy statement.

### FEES:

child care is provided between the hours of \_\_\_\_\_ and \_\_\_\_\_ on \_\_\_\_\_ through \_\_\_\_\_ at a cost of \$ \_\_\_\_\_ per week. In addition, 10% of current balance due on Tuesday of that week will be charged as a late fee.

### ATTENDANCE:

A child that attends 3 days of a 5 day week will be considered attending the entire week and thus the full weekly tuition will apply.

### CHILD'S VACATION:

Parents/Guardians will not be charge for one week of absence. But the parent/guardian must pay in advance for the week in which the child will return and attend full time. Failure to pay for this returning week may result in the child losing their enrollment and lost of the child's deposit.

### EMERGENCY LEAVE:

During an unexpected leave of absence due to some family or personnel emergency my husband Austin F. Ryder, Jr. is totally capable and willing to be my primary substitute. In the event that he is also unavailable I will make arrangements with WPFCCA to find appropriate providers to take quality care of my children until my return

### MEALS AND PROGRAM:

Each day, two snacks will be given at 9:00am and 2:30pm. Lunch will be served at 11:30am. Parents can see a menu for the next week on the information board. Special diet must be supplied by the parents. Program will include outdoor play, weather permitting, each day and will also include age appropriate activities. Indoor program will include "Creative curriculum". Watching TV is permitted only on a limited basis.

### CLOTHING:

Parents will provide \_\_\_\_\_ in summer, \_\_\_\_\_ in winter Diapers will be provided by the parent/guardian.

### NAPS:

Infants will sleep as they need. All other children will rest from 12:30pm to 2:30pm each day Mats and individual sheets will be provided by for napping.

### FOR EMERGENCIES:

Children will be allowed to leave only with parents or other adults listed below:

Adult(s) to be contacted when parent cannot be reached:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

If child becomes ill during the day, \_\_\_\_\_ can be reached at \_\_\_\_\_

The day care provider may call the child's doctor if emergency medical or surgical care is needed for the child. (A conscientious effort will be made to locate the parent first.)

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

### TRAVEL/TRIPS:

I, (parent's name) \_\_\_\_\_, hereby give Carol Ryder, my permission to take my \_\_\_\_\_ child,

Using \_\_\_\_\_ on field trips as part of the program. Car seat will be provided by \_\_\_\_\_, for this

### SIGNATURES:

This agreement will be in effect from \_\_\_\_\_ to \_\_\_\_\_.

It will be reviewed on \_\_\_\_\_ and changed as needed.

Parent's Signature \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Address (street, city/town) \_\_\_\_\_

Provider's Signature \_\_\_\_\_ Home Phone \_\_\_\_\_