



**Licensed Home Child Care
PARENT CONTRACT**

For the purpose of this contract, “child” used in the singular will also mean “children”. If the contract is for more than one child, the contract will apply equally and fully to all children names herein.

Name of Parent(s):	
Address:	Town:
Phone#:	Postal Code:
Email Address:	

CHILDREN REQUIRING CARE

Name:	D.O.B.
Name:	D.O.B.
Name:	D.O.B.
Name:	D.O.B.

PART A

I, hereby certify that I understand, agree with and will abide by the policies of the Licensed Home Child Care Program, as set out below.

1. All necessary forms (i.e., application, medical, consent, etc.) will be completed before my child is placed in home childcare. I will update the information as requested and will notify the Program of any changes in address or employment contact information that could be related to the care of my child.
2. I will provide the Caregiver with written feeding instructions and/or labelled food and drink if my child is not eating table foods or requires a special diet. I agree to update the written feeding instructions on a regular basis or when there is a change in my child's diet.



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3. I will supply the necessary diapers, a clean change of clothing and appropriate outdoor clothing for my child.
4. I understand that if my child is determined to be ill by the Caregiver; it is my responsibility to find alternate care or remain at home with my child until he/she is well.
5. I agree to give the Caregiver adequate notice if my child is going to be absent, and in the case of illness without pre-warning, I will notify the Caregiver PRIOR to the time my child is expected at the Caregiver's home.
6. I understand the Program's fee payment policies for the care of my child and I will keep my account paid up-to-date. Fee payment policies for the program include:
 - a) Fees are determined on an enrolment-based system, which refers to the contracting of day care services by the parent through the Program Office.
 - b) Parents are required to pay a \$25.00 non-refundable registration fee.
 - c) Parents are required to pay for days their child is expected to be in care regardless of absence or illness UNLESS the child is ill for MORE than five consecutive and contracted days and a doctor's certificate verifying the illness is provided.
 - d) Parents must cover the costs incurred if they exceed the number of contracted days/hours per week outlined on the Fee Schedule.
 - e) Parents are required to pre-pay for their child care services, weekly or bi-weekly post dated cheques are to be submitted covering three months of child care. Statements will be sent to the parents on a monthly basis.
 - f) Cheques should be made payable to: HALDIMAND-NORFOLK R.E.A.C.H.
 - g) Fees are rated according to the child's age. Rates are reviewed in September and March of each year and may be subject to change at those times. Parents will be given one month written notice in the event of a change to the Fee Schedule.
 - h) Any accounts that have reached a status of 30 days past due will be terminated



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- from the program. Overdue accounts will receive warning by letter and may result in termination and final step of collection services.
- i) There will be a \$30.00 charge for NSF cheques, which will be added to the account immediately upon notification by the bank to Haldimand-Norfolk R.E.A.C.H. of the NSF cheque. Childcare service will be terminated if H-N REACH receives 3 NSF cheques during the entire term, not just the annual renewal term, of LHCC Program service from Haldimand-Norfolk R.E.A.C.H.
 - j) Care is not usually provided on statutory holidays. Providing care on statutory holidays is left up to the discretion of the caregiver.
 - k) The child can be absent for TWO WEEKS (prorated 5 days/week 10 vacation days, 4 days/week 8 vacation days, 3 days/week 6 vacation days) PRE-ARRANGED vacation leave per year (per twelve month period), where payment of fees is not required.
7. I understand that I must sign the Attendance Sheet on a monthly basis and that my signature verifies my agreement with the Caregivers record of attendance as well as confirm my consent to cover costs incurred. Failure to sign the attendance sheet will result in the figures on the record being deemed correct for billing purposes. If I do not agree with the caregiver's record of attendance, I understand it is my responsibility to contact the Agency immediately to discuss the situation further.
8. I agree to give the Caregiver and Program Office ONE WEEK written notice in advance of vacation leave and TWO WEEKS written notice in advance when long-term alternate care is required. I understand that alternate care is NOT guaranteed and is dependant upon the number of approved homes in the area and home capacity.
9. I will provide ONE WEEK notice to the Program and Caregiver upon termination of childcare arrangements.
10. All absences must be reported to caregiver and program office. The program office will be assuming your child has withdrawn if he/she is absent and we have not heard from you for 2 days.
11. I understand that it is my responsibility to arrange alternate care for my child if I do not want him/her to participate in a planned excursion with the Caregiver.



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- 12. I agree to regularly discuss my child's development and/or concerns regarding the childcare arrangement with the Caregiver and the L.H.C.C. Coordinator.

DAILY HOURS OF CARE REQUIRED:
START DATE OF CONTRACT:

In the event of circumstances requiring a change in your contract, a minimum of **TWO WEEKS** written notice must be given to the Program Office and Caregiver.

Week (from _____ to _____)	Days Per Week	Total Charge for Week



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Date	Parent's Signature	L.H.C.C Co-ordinator's signature
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Definitions

LHCC: Refers to Licensed Home Child Care

Agency: Refers to Haldimand-Norfolk R.E.A.C.H
101 Nanticoke Creek Parkway
Townsend, Ontario N0A 1S0
519-587-2441 ~ 1-800-265-8087

Enquiries

Regarding your child's record of attendance

Contact: Linda Carr, Licensed Home Child Care Coordinator
EXT 302

Regarding your account

Contact: Carol Wallis, Accounting Coordinator
EXT 289