

CHILD'S RECORD

- o INDICATE "N/A" IF THE INFORMATION IS NOT APPLICABLE.
- o THE COMPLETED FORM MUST BE KEPT IN THE CHILD'S RECORD AND THE FIRST PAGE UPDATED ANNUALLY.
- o THE INFORMATION IN THIS FORM IS REQUIRED BY FAMILY DAY HOME STANDARD 22 VAC 40-111-60.

Child's Full Name		Nickname		Sex	Birth date
Street Address		City	State	Zip	First Day of Attendance
					Last Day of Attendance
If Child Attends School, Give Name of School					Grade
EMERGENCY INFORMATION					
Allergies and intolerance to food, medications, or other substances. Actions to take in emergency situation.					
Chronic Physical Problems/Diseases; Pertinent Development Information; Special Accommodations Needed; Special Instructions to Provider					
Father's Full Name		Phone		Employer	
Father's Employer's Address (Street Address)					Father's Work Phone
Father's Home Address (Street Address) (enter "Same" if address is the same as the child's)					
Mother's Full Name		Phone		Employer	
Mother's Employer's Address (Street Address)					Mother's Work Phone
Mother's Home Address (Street Address) (enter "Same" if address is the same as the child's)					
Child's Physician		Office Address (Street Address)			Phone
		City	State	Zip	
Name of Child's Medical Insurance					Policy Number
Name of Emergency Contact if Parent(s) Cannot Be Reached		Street Address			Phone
		City	State	Zip	
Name of Emergency Contact if Parent(s) Cannot Be Reached		Street Address			Phone
		City	State	Zip	
Person(s) Authorized to Pick Up Child (Appropriate custodial paperwork (custody order or other court order) shall be attached if a parent is not allowed to pick up the child)					
Parent Signature _____					Date _____ (Valid for One Year)
1st yr. review _____ <div style="display: flex; justify-content: space-between; width: 100%;"> Parent Signature _____ Date _____ </div> 2nd yr. review _____ <div style="display: flex; justify-content: space-between; width: 100%;"> Parent Signature _____ Date _____ </div> 3rd yr. review _____ <div style="display: flex; justify-content: space-between; width: 100%;"> Parent Signature _____ Date _____ </div>					

CHILD'S RECORD

PROOF OF AGE AND IDENTITY (must be obtained from parent within 7 business days of child's first day of attendance)			
Names & Locations (City and State) of Previous Child Day Care Programs & Schools Attended			
Place of Birth	Birth Date	Birth Certificate Number	Date Issued
Proof of Age Other Than Birth Certificate*	Date Documentation Viewed	Person Viewing Documentation	
NOTIFICATION OF LOCAL LAW ENFORCEMENT AGENCY (if parent does not provide proof of child's age and identity within 7 business days of child's first day of attendance)			
Date of Notification	Name of Agency Notified	Name of Individual Notified	

*Proof of age and identity may be verified by viewing one of the following: certified birth certificate; birth registration card; notification of birth, i.e., hospital, physician, or midwife record; passport; copy of the placement agreement or other proof of the child's identity from a child placing agency; original or copy of a record or report card from a public school in Virginia; signed statement on letterhead stationery from a public school principal or other designated official that assures the child is or was enrolled in the school; or child identification card issued by the Virginia Department of Motor Vehicles.

EMERGENCY MEDICAL AUTHORIZATION	
I authorize _____ to obtain immediate care and consent to emergency medical <div style="text-align: center; font-size: small;">Name of Licensed Provider</div> procedures upon, the hospitalization of, the performance of necessary diagnostic tests upon, the use of surgery on, and/or the administration of drugs to _____ if an emergency occurs and I cannot be located immediately. <div style="text-align: center; font-size: small;">Name of Child</div>	
It is also understood that this agreement covers only those situations which are true emergencies and only when I cannot be reached. Otherwise I expect to be notified immediately.	
_____ Signature of Parent	_____ Date
The child's Emergency Information and the Emergency Medical Authorization must be made available to a physician, hospital, or emergency responders in the event of a child's illness or injury.	

ADDITIONAL DOCUMENTS REQUIRED FOR CHILD'S RECORD

- Immunization and Physical Examination Record Form MCH213 F (signed by physician, physician's designee, or health official)
- Information for Parents (signed by parent)
- Policy for the Administration of Medications (signed by parent)
- Liability Insurance Declaration (signed by parent)
- Provisions of the Home's Emergency Preparedness and Response Plan (signed by parent)

As Applicable:

- General Permission for Regularly Scheduled Trips (signed by parent)
- Special Field Trip Permission (signed by parent)
- Medication Consent (signed by parent) ***Valid for 10 days unless also signed by physician**
- Permission to Participate in Swimming or Wading Activities (signed by parent) ***Valid for one year**
- Injury Record(s)

If Child with Special Needs is in Care:

- Staffing Recommendation for a Child with Special Needs (signed by parent, provider, and Licensing representative)
- Individual Health Care/Special Needs (signed by licensed health care professional)

Name of Child

INFORMATION FOR PARENTS

Before the child's first day of attendance, parents shall be provided in writing the following information about the family day home (as required by 22 VAC 40-111-70 of the Standards for Licensed Family Day Homes):

Hours and Days of Operation:
Holidays or other scheduled times closed:
Telephone number where a message can be left for a caregiver:
Fees for care (including regular rate for care of this child, late fees, activity fees, returned check fees, etc.):
Payment of fees due on:
Check in and check out procedures (to include where and when provider will assume care such as at her home, at the school, at the bus stop; acceptable drop off/pick up procedures, etc.)
The family day home must notify the parent when the child becomes ill and the parent must arrange to have the child picked up as soon as possible if so requested by the home.
The parent must inform the family day home within 24 hours or the next business day after his child or any member of the immediate household has developed any reportable communicable disease, as defined by the State Board of Health, except for life-threatening diseases, which must be reported immediately.
The child must be adequately immunized prior to admission and must receive additional immunizations as required by state law (unless parent provides proper documentation of medical or religious exemption).
Paid caregivers must report suspected child abuse or neglect according to § 63.2-1509 of the Code of Virginia;
Custodial parents have the right to be admitted to the family day home any time their child is in care (required by § 63.2-1813 of the Code of Virginia)
A pet or animal is present in the home: <input type="checkbox"/> Yes <input type="checkbox"/> No
Family day home will provide meals and snacks: <input type="checkbox"/> Yes <input type="checkbox"/> No
Other Information:
General daily schedule that is appropriate for the age of the enrolling child: (usual routine for provision of meals and snacks, naps, indoor play, outdoor play, etc.):
Discipline policies including acceptable and unacceptable discipline measures: <ul style="list-style-type: none"> • Corporal punishment such as spanking is prohibited • Is time out used with children other than infants and toddlers? <input type="checkbox"/> Yes <input type="checkbox"/> No Other:
The following attachments signed by parent: <ul style="list-style-type: none"> • Liability Insurance Declaration • Policies for the Administration of Medication • Provisions of the Emergency Preparedness and Response Plan

INFORMATION FOR PARENTS

Amount of time per week that an adult assistant or substitute provider instead of the provider is regularly scheduled to care for the child (such as when provider leaves each day to transport children): _____

Name of the adult assistant or substitute provider: _____

Policies for termination of care (to include any requirements for prior notice; fees if prior notice is not given by parents; general reasons for termination such as non-payment of fees, age of child, behavior of child, etc.):

A copy of the regulation, *Standards for Licensed Family Day Homes*, and additional information about the family day home, including compliance history that includes information after July 1, 2003 may be obtained from the following website:

<http://www.dss.virginia.gov/facility/search/licensed.cgi>

Providers must notify parents (required by 22 VAC 40-111-650):

- In writing, within 10 business days after the effective date of the change when there is no longer liability insurance in force on the family day home operation (may use Liability Insurance Declaration Form);
- Daily about the child's health, development, behavior, adjustment, or needs
- Prior to when a substitute provider will be caring for the children (for provider's vacation, appointments, etc.)
- When persistent behavioral problems are identified and such notification shall include any disciplinary steps taken in response.
- Immediately when the child:
 - Has a head injury or any serious injury that requires emergency medical or dental treatment;
 - Has an adverse reaction to medication administered;
 - Has been administered medication incorrectly;
 - Is lost or missing; or
 - Has died.
- The same day whenever first aid is administered to the child.
- Within 24 hours or the next business day of the home's having been informed, unless forbidden by law, when a child has been exposed to a communicable disease listed in the Department of Health's current communicable disease chart. Life-threatening diseases must be reported to parents immediately. The provider shall consult the local health department if there is a question about the communicability of a disease.
- In writing, whenever there are changes in the home's emergency preparedness and response plan (that is, any changes to the Provisions of the Emergency Preparedness and Response Plan given to parents prior to the child's first day of attendance.
- Whenever the child will be taken off the premises of the family day home, before such occasion (except in emergency evacuation or relocation situations) and the provider will have written parental permission
- As soon as possible of the child's whereabouts if an emergency evacuation or relocation is necessary.

Parent Signature

Date

Child's Name _____

LIABILITY INSURANCE DECLARATION

THIS FORM COMPLIES WITH THE REQUIREMENTS OF § 63.2-1809.1 OF THE CODE OF VIRGINIA AND MUST BE MAINTAINED ON FILE IN THE FAMILY DAY HOME AT ALL TIMES WHILE THE CHILD IS IN ATTENDANCE AND FOR 12 MONTHS AFTER THE CHILD'S LAST DAY OF ATTENDANCE.

I have liability insurance coverage in force on my family day home business in an amount that meets or exceeds the minimum amount established by the Virginia Department of Social Services (\$100,000 per occurrence and \$300,000 aggregate).

_____ Yes _____ No

I, _____, acknowledge having received the
(Signature of parent or guardian)
above-referenced notification on _____.
(Date)

I no longer have liability insurance coverage in force on my family day home business in an amount that meets or exceeds the minimum amount established by the Virginia Department of Social Services effective _____.
(Date)

I, _____, acknowledge having received the
(Signature of parent or guardian)
above-referenced notification on _____.
(Date)

Medication Administration – Decision to Administer

(Required by Standards for Licensed Family Day Homes 22 VAC 40-111-60 B 8)

Provider's Name (please print):	Name of Family Day Home:
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I have made the following decision regarding the administration of medications to a child in my family day home:

- I (or other caregivers) **WILL NOT** administer any medications – prescription or non-prescription medication.
- I (or other caregivers) **WILL** administer **ONLY** prescription medication.
- I (or other caregivers) **WILL** administer **ONLY** EpiPens and prescription topical creams and ointments.
- I (or other caregivers) **WILL** administer **ONLY** non-prescription medication.
- I (or other caregivers) **WILL** administer **BOTH** prescription and non-prescription medication.
- I (or other caregivers) **WILL** administer **ONLY** non-prescription topical skin products such as sunscreen, diaper ointment and lotion, oral teething medicine, and insect repellent.

Authorized Caregivers to Administer Prescription and Non-Prescription Medications

Only a caregiver who has a current Medication Administration Training (MAT) certificate or has appropriate licensure to administer prescription medications and is listed as a medication administrator in this document will be permitted to administer prescription medications and non-prescription medication (except non-prescription topical skin products such as sunscreen, diaper ointment and lotion, oral teething medicine, and insect repellent) in my family day home.

Medication administrators will administer prescription medications in accordance with the physician's or other prescriber's instructions and in accordance with the standards of practice in the MAT training.

Medication administrators will administer non-prescription medications at the dose, duration, and method of administration specified on the manufacturer's label for the age or weight of the child.

I understand that any individual listed in this section as a medication administrator is approved to administer prescription medications using the following routes: topical, oral, inhaled, eye, and ear, medication patches and epinephrine using an auto-injector device.

I understand that if a child in my family day home requires prescription medication to be administered rectally, vaginally, by injection or by another route not listed above, I will follow the procedures outlined in the MAT training for children with special health care needs.

Medication Administrator(s)

Current MAT certificates (or documentation of licensure to administer prescription medications), current age-appropriate first aid certificates, and current CPR certificates for the caregivers listed below will be kept in the caregivers’ records and be available upon request.

Caregiver Name: _____

Caregiver Name: _____

Caregiver Name: _____

Confidentiality Statement

Information about any child in my family day home is confidential and will not be given to anyone except VDSS’ designees or other persons authorized by law unless the child’s parent gives written permission. Information about a child in my family day home will be given to the local department of social services if I receive a day care subsidy for the child or if the child has been named in a report of suspected child abuse or neglect or as otherwise allowed by law.

ADA Statement

I understand the provisions of the Americans with Disabilities Act. If any child enrolled in my family day home now or in the future is identified as having a disability covered under the Americans with Disabilities Act, I will assess the ability of the family day home to meet the needs of the child (for further information on ADA seek legal counsel and/or go to the following website: www.usdoj.gov/crt/ada/chcaflyr.htm). If my family day home can meet the needs of the child without making a fundamental alteration to the program and the child will need regular or emergency medication, I will ensure that I have a caregiver in my family day home who has a current Medication Administration Training (MAT) certificate or has appropriate licensure to administer prescription medications.

Provider Statement

I understand that it is my responsibility to follow my *POLICY FOR THE ADMINISTRATION OF MEDICATION* and all health and infection control regulations applicable to my family day home.

I will verify and document the credentials for all new caregivers before the caregiver is allowed to administer prescription or non-prescription medications (except non-prescription topical skin products) to any child in my family day home.

My *POLICY FOR THE ADMINISTRATION OF MEDICATION* will be made available to parents at enrollment, whenever changes are made and upon request.

Provider and the parent of each enrolled child must sign below. The provider must maintain a copy of this form in each child’s individual record.

Provider’s Signature:	Date:
Parent’s Signature:	Date:

PROVISIONS OF THE EMERGENCY PREPAREDNESS AND RESPONSE PLAN

Before the child's first day of attendance, parents must be informed of the provisions in the home's Emergency Preparedness and Response Plan (Standards for Licensed Family Day Home 22 VAC 40-111-70 A 16).

To the Parent (s) of _____ *(child's name):*

This letter is to assure you of our concern for the safety and welfare of children attending
_____ *(insert name of family day home).*

Our Emergency Plan provides for response to all types of emergencies. Depending on the circumstance of the emergency, we will use one of the following protective actions:

- *Immediate evacuation* Children are evacuated to a safe area near the home in the event of a fire, etc.
- *In-place sheltering* Sudden occurrences, weather or hazardous materials related, may dictate that taking cover inside the home is the best immediate response.
- *Relocation* Total evacuation of the home may become necessary if there is a danger in the area. In this case, children will be taken to a relocation site at _____

_____ *(insert name/physical address of relocation site)*

We ask that you not call during the emergency. This will keep the main telephone line free to make emergency calls and relay information.

We will have your contact information with us and you will be contacted as soon as possible following any emergency action so that arrangements can be made for you and you child to be safely reunited.

In your child's record at this home are the names of persons you have authorized to pick up your child if you not able to do so. Please ensure that only those persons you have authorized attempt to pick up your child.

We specifically urge you **not** to attempt to make different arrangements during an emergency. This will only create additional confusion and divert staff from their assigned emergency duties.

In order to assure the safety of your children and our staff, we ask for your understanding and cooperation. Should you have additional questions regarding our emergency operating procedures, please let us know.

Parent Signature

Date

**COMMONWEALTH OF VIRGINIA
SCHOOL ENTRANCE HEALTH FORM**
Health Information Form/Comprehensive Physical Examination Report/Certification of Immunization

Part I – HEALTH INFORMATION FORM

State law (Ref. Code of Virginia § 22.1-270) requires that your child is immunized and receives a comprehensive physical examination before entering public kindergarten or elementary school. **The parent or guardian completes this page (Part I) of the form.** The Medical Provider completes Part II and Part III of the form. This form must be completed no longer than one year before your child's entry into school.

Name of School: _____ Current Grade: _____

Student's Name: _____

Student's Date of Birth: Last _____ Sex: - _____ First _____ State or Country of Birth: _____ Middle _____ Main Language Spoken: _____

Student's Address: _____ City: _____ State: _____ Zip: _____

Name of Parent or Legal Guardian 1: _____ Phone: _____ Work or Cell: _____

Name of Parent or Legal Guardian 2: _____ Phone: _____ Work or Cell: _____

Emergency Contact: _____ Phone: _____ Work or Cell: _____

Condition	Yes	Comments	Condition	Yes	Comments
Allergies (food, insects, drugs, latex)	N/A		Diabetes	N/A	
Allergies (seasonal)	N/A		Head injury, concussions	N/A	
Asthma or breathing problems	N/A		Hearing problems or deafness	N/A	
Attention-Deficit/Hyperactivity Disorder	N/A		Heart problems	N/A	
Behavioral problems	N/A		Lead poisoning	N/A	
Developmental problems	N/A		Muscle problems	N/A	
Bladder problem	N/A		Seizures	N/A	
Bleeding problem	N/A		Sickle Cell Disease (not trait)	N/A	
Bowel problem	N/A		Speech problems	N/A	
Cerebral Palsy	N/A		Spinal injury	N/A	
Cystic fibrosis	N/A		Surgery	N/A	
Dental problems	N/A		Vision problems	N/A	

Describe any other important health-related information about your child (for example; feeding tube, hospitalizations, oxygen support, hearing aid, dental appliance, etc.):

List all prescription, over-the-counter, and herbal medications your child takes regularly

Check here if you want to discuss confidential information with the school nurse or other school authority. Yes No

Please provide the following information:

	Name	Phone	Date of Last Appointment
Pediatrician/primary care provider			
Specialist			
Dentist			
Case Worker (if applicable)			

Child's Health Insurance: None FAMIS Plus (Medicaid) FAMIS Private/Commercial/Employer sponsored

I, _____ (do) (do not) authorize my child's health care provider and designated provider of health care in the school setting to discuss my child's health concerns and/or exchange information pertaining to this form. *This authorization will be in place until or unless you withdraw it. You may withdraw your authorization at any time by contacting your child's school. When information is released from your child's record, documentation of the disclosure is maintained in your child's health or scholastic record.*

Signature of Parent or Legal Guardian: _____ Date: _____

Signature of person completing this form: _____ Date: _____

Signature of Interpreter: _____ Date: _____

**COMMONWEALTH OF VIRGINIA
SCHOOL ENTRANCE HEALTH FORM**

Part II - Certification of Immunization

Section I

**To be completed by a physician or his designee, registered nurse, or health department official.
See Section II for conditional enrollment and exemptions.**

A copy of the immunization record signed or stamped by a physician or designee, registered nurse, or health department official indicating the dates of administration including month, day, and year of the required vaccines shall be acceptable in lieu of recording these dates on this form as long as the record is attached to this form.
Only vaccines marked with an asterisk are currently required for school entry. Form must be signed and dated by the Medical Provider or Health Department Official in the appropriate box.

Student's Name: _____ Date of Birth: _____
Last *First* *Middle* *Mo. Day Yr.*

IMMUNIZATION	RECORD COMPLETE DATES (month, day, year) OF VACCINE DOSES GIVEN				
*Diphtheria, Tetanus, Pertussis (DTP, DTaP)	1	2	3	4	5
*Diphtheria, Tetanus (DT) or Td (given after 7 years of age)	1	2	3	4	5
*Tdap booster (6 th grade entry)	1				
*Poliomyelitis (IPV, OPV)	1	2	3	4	
*Haemophilus influenzae Type b (Hib conjugate) *only for children <60 months of age	1	2	3	4	
*Pneumococcal (PCV conjugate) *only for children <60 months of age	1	2	3	4	
Measles, Mumps, Rubella (MMR vaccine)	1	2			
*Measles (Rubeola)	1	2	Serological Confirmation of Measles Immunity:		
*Rubella	1		Serological Confirmation of Rubella Immunity:		
*Mumps	1	2			
*Hepatitis B Vaccine (HBV) <input type="checkbox"/> Merck adult formulation used	1	2	3		
*Varicella Vaccine	1	2	Date of Varicella Disease OR Serological Confirmation of Varicella Immunity:		
Hepatitis A Vaccine	1	2			
Meningococcal Vaccine	1				
Human Papillomavirus Vaccine	1	2	3		
Other	1	2	3	4	5
Other	1	2	3	4	5

I certify that this child is **ADEQUATELY OR AGE APPROPRIATELY IMMUNIZED** in accordance with the MINIMUM requirements for attending school, child care or preschool prescribed by the State Board of Health's *Regulations for the Immunization of School Children* (Reference Section III).

Signature of Medical Provider or Health Department Official: _____

Date (Mo., Day, Yr.): _____

Section II
Conditional Enrollment and Exemptions

Complete the medical exemption or conditional enrollment section as appropriate to include signature and date.

MEDICAL EXEMPTION: As specified in the *Code of Virginia* § 22.1-271.2, C (ii), I certify that administration of the vaccine(s) designated below would be detrimental to this student's health. The vaccine(s) is (are) specifically contraindicated because (please specify):

DTP/DTaP/Tdap: [] ; DT/Td: [] ; OPV/IPV: [] ; Hib: [] ; Pneum: [] ; Measles: [] ; Rubella: [] ; Mumps: [] ; HBV: [] ; Varicella: []

This contraindication is permanent: [] , or temporary [] and expected to preclude immunizations until: Date (Mo., Day, Yr.): _____

Signature of Medical Provider or Health Department Official: _____ Date (Mo., Day, Yr.): _____

RELIGIOUS EXEMPTION: The *Code of Virginia* allows a child an exemption from receiving immunizations required for school attendance if the student or the student's parent/guardian submits an affidavit to the school's admitting official stating that the administration of immunizing agents conflicts with the student's religious tenets or practices. Any student entering school must submit this affidavit on a CERTIFICATE OF RELIGIOUS EXEMPTION (Form CRE-1), which may be obtained at any local health department, school division superintendent's office or local department of social services. Ref. *Code of Virginia* § 22.1-271.2, C (i).

CONDITIONAL ENROLLMENT: As specified in the *Code of Virginia* § 22.1-271.2, B, I certify that this child has received at least one dose of each of the vaccines required by the State Board of Health for attending school and that this child has a plan for the completion of his/her requirements within the next 90 calendar days. Next immunization due on _____.

Signature of Medical Provider or Health Department Official: _____ Date (Mo., Day, Yr.): _____

Section III
Requirements

For Minimum Immunization Requirements for Entry into School and Day Care, consult the Division of Immunization web site at <http://www.vdh.virginia.gov/epidemiology/immunization>

Children shall be immunized in accordance with the Immunization Schedule developed and published by the Centers for Disease Control (CDC), Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP), and the American Academy of Family Physicians (AAFP), otherwise known as ACIP recommendations (Ref. *Code of Virginia* § 32.1-46(a)).
(Requirements are subject to change.)

Parent/Guardian(s) and Provider Agreement



Green Frog Daycare LLC

Child Care Provider Deborah Villagra

Phone 703-543-8189

Child's Name _____ Date of Birth _____ Home phone # _____

Mother's Name _____

Work Phone _____

Cellular number _____

Father's Name _____

Work Phone _____

Cellular number _____

Home Address _____

Date of Agreement _____ this agreement expires on _____ Enrollment Date _____

Green Frog Daycare LLC is a legally operated home childcare business. I maintain a Virginia State License through the Department of Social Services. I report all income and pay taxes on all earnings to the County of Fairfax (BPOL tax), Commonwealth of Virginia (state income tax) and to the Internal Revenue Service (federal income tax). I also pay into Social Security as a self-employed Business Owner. I participate in annual training courses, and have attended childcare workshop/conferences on topics such as Parent/Provider Relationships etc. I am certified in CPR and First Aid and MAT (Medication Administration Training). I am a mother of two children.

The caregiver agrees to care for your child who [yes] is [no] toilet trained on a Full-Time or Part Time basis.

Days: **Mon to Fri**

Arrive at my home not before _____

Depart my home by _____

Parent/Guardian(s) and Provider Agreement

If your child arrives earlier or departs later than shown on the above schedule, and this is done without prior approval by the day care provider, **The parent/guardian(s) agrees to pay an early drop off and/or late pick up fee of \$ 5.00 for the first quarter hour or fraction thereof and \$5.00 for each additional quarter hour or fraction thereof.** I can sometimes accommodate you for early arrivals/late departures upon my personal family plans and will charge the regular overtime rate of \$ 10.00 per hour or fraction thereof. Please understand that I am not talking about a child's early drop off/late pick up of merely a few (less than five) minutes and not on a regular basis, but beyond this, advanced approval by the care-giver is necessary. I may not always be able to accommodate your requests.

Overtime may be requested **In advance**; however, the caregiver is not obligated to such requests. Overtime must be requested at least two days in advance for an additional \$ 10.00 per hour, or fraction thereof. _____

My weekly rate is based on 9 hours of care per a day and 5 days a week (Monday-Friday). If need an extra hour per day rate will change to extra \$10.00 per week. _____

In exchange for caring for your child, the parent/guardian(s) agrees to pay, regardless of the child's absences or vacations, the fee for these services, which is \$ _____ per week. This amount is due in advance each week on Friday afternoon. If payment is not made in advance by Friday afternoon the parent/guardian (s) agrees to pay an additional \$25.00. Payment may be made by check; however, the parent agrees to pay a \$ 35.00 services charge and to reimburse the care-giver for any additional bank charges resulting from the check being returned unpaid by the parent/guardian(s).bank for any reason.

Any additional charges that occur during the week for scheduled or unscheduled overtime, late payment, or any other miscellaneous expenses should be paid by the following Friday along with the advance payment which is due on that day for services to be provided during the ensuing week.

Our agreement requires you to pay an additional specified amount each day that payment is late. If you now that your child will be absent on the next payment day and wish to avoid a late payment charges or a special trip to make a timely payment, you may post-date a check and give it to me before the next payment date. Post-date checks are also acceptable to meet obligations and to hold your child's place in my childcare home, when you are about to go on vacation or for Holidays. The parent/guardian(s) agrees to maintain \$ none deposit with the caregiver. This security deposit will be refunded after the last day your child is enrolled in my child care program, provided you have paid any outstanding fees, and you have provided a written two week notification prior to withdrawal. Any outstanding fees owed will be deducted from the security deposit parent/guardian(s) agrees to forfeit the above-mentioned deposit. _____

Either you or I may cancel our agreement without two week notice during the first two-week trial period that your child is in my care. However, after this two week initial trial period has ended, termination of the agreement by either of us requires at least two weeks advance notice in writing. If I give you two

Parent/Guardian(s) and Provider Agreement

redirecting children to acceptable behavior, and quiet time. No corporal punishment (hitting, shaking, pinching, spanking etc.) of any kind will be used, even if you ask me to.

For infants/toddlers, the parent/guardian(s) agrees to provide disposable diapers, diaper wipes, any necessary creams or ointments. For infants/toddlers in diapers please send your child in clothing which can either be completely unsnapped at the inseam or pulled down from the waist. We do our best to keep the kids happy and comfortable however to do so. Please send at the beginning of the week diapers plenty to last all week, diapers are changed about four to six times a day, We change children to clean clothes after lunch before nap, to ensure they do not sleep in the same clothes they wear to play outside. _____

When the parent/guardian(s) feel their child is ready for toilet training, we should fully discuss the matter. Your child should be aware of bodily functions, have adequate muscle control, and sufficient language skills to communicate the imminence of bowel movements. It is essential that we do not start teaching until we both are prepared to continue the teaching throughout the day (both at my home and at your home) every day. In addition it will be necessary for you to provide (3) complete changes of clothing, including socks, each day, as well as large Ziploc plastic bags. Diapers for use during naps should continue to be supplied, along with training pants that have a padded crotch and rubber pants. Soiled clothes will be sent home each day. Your child should wear clothing that is easy for them to pull down and up. Please avoid belts, buckles, snaps and zippers.

The parent/guardian(s) agrees to dress their child in play clothes suitable for the weather, including outerwear such as gloves and boots and to provide one additional complete change of clothes. **FOR SAFETY REASONS CLOTHING WITH DRAWSTRINGS WILL NOT BE. PLEASE REMOVE ANY DRAWSTRINGS FROM CLOTHING PRIOR TO ARRIVAL AT MY HOME.**

The parent/guardian(s) agrees to escort their child to the door of the childcare home and to remain with the child until the door has been opened, the child admitted and his or her arrival acknowledged by the caregiver. The care-giver will not release your child to anyone but the parent/guardian(s) or the person(s) authorized and listed by the parent/guardian(s) below, unless the parent/guardian(s) have notified the care-giver in advance. Also send an authorization with signature in writing.

Parent/Guardian(s) and Provider Agreement

Name/Address

Relationship

Day Phone #

1

Home

Work

Cell

2

Home

Work

Cell

The parent/guardian(s) authorize the caregiver to provide or arrange for emergency transportation (i.e ambulance, private car) in the event of a serious injury, illness, or emergency. The parent/guardian(s) agrees to take responsibility for any and all expenses that may be incurred. The parent/guardian(s) agrees to complete an Emergency Medical Authorization Form, and take responsibility for keeping the information contained on this form current and accurate. The parent/guardian(s) agrees to provide the caregiver with a copy of their insurance card.

The parent/guardian(s) agrees to provide the caregiver with a copy of their child's physical examination form from their child's physician. Parent/guardian(s) agrees to provide the caregiver with an up-to-date copy of their child's immunization record, **and to ensure that it is kept current (Required by Department of Social Services).**

The parent/guardian(s) agrees that child care services are available to **well** children only and agrees to keep their child home if, **within the twenty—four (24) hours prior to schedule arrival** at the child care home, **their child has exhibited any symptoms of contagious illness, including but not limited to the following: fever (oral temp of 100 F or greater, or an armpit temp of 100F, or greater), vomiting, diarrhea, rash, sore throat, severe cough or extreme nasal discharge, or eye discharge with color.** Children diagnosed with head lice must be nit free before returning to the childcare home. The parent/guardian(s) agrees to make advance arrangements enabling them to pick-up their child as soon as possible, but in any case, no later than **1hour** after they have been notified by the care-giver should symptoms develop while their child is in the care of the care-giver. Children with non-infectious conditions or those past the period of contagiousness may still attend my childcare home, provided that they do not have fever and can function "as usual". If they are too ill to "go outside" or "run around", or so uncomfortable that they constantly cry or must be held, or in any

Parent/Guardian(s) and Provider Agreement

require a degree of attention and care that is not feasible in a group environment, they must be kept at home. **Your child must be symptom free for 24 hours of any of the above-mentioned illness before returning to the childcare home.** I do reserve the right to require written notification from your doctor if you bring your child from home with any of the above-listed symptoms because your doctor has said your child is not infectious or contagious. **The policies are necessary to deal with the problems of illness. For our mutual benefit these policies are strictly enforced.**

The parent/guardian(s) agrees to provide a Medication Release Form must be completed for each and every medication, ointment, cream etc. that you request I administer to your child. All medications must be provided in the original container.

Prescription medications must be administered by the parent/guardian(s) prior to their child's arrival at the caregiver's home.

Parent/guardian(s) agrees to notify the caregiver if they have administered any medications to their child, prior to their child's arrival at the caregiver's home. _____

For safety's sake, I must insist that you never send toys that contain small parts or could otherwise cause choking. In addition, please do not send any toy weapons to my child care home. The caregiver is not responsible for lost, damaged or broken toys/personal belongings.

The parent/guardian(s) agrees to allow the caregiver to photograph their child to "capture the moment" during the course of the day.

I believe that the crucial ingredients for a successful relationship between you and I are mutual respect and an open line of communication. The care, well-being, and happiness of your child is at the heart of your role as a parent, and my role as a care-giver, so I want to emphasize that I am willing to discuss any concerns or questions you may have. I will make every effort to keep you fully informed regarding your child's progress or any special problems that may arise.

Should any part of this contract be deemed unenforceable, only that particular clause may be stricken, without invalidating the balance of the agreement. This agreement shall be interpreted according to Virginia Law and any disputes must be brought in the courts of Fairfax County and/or alternative dispute resolutions such as arbitration and/or mediation. There are no terms other than what is set forth in the written agreement.

Parent/Guardian(s) and Provider Agreement

The caregiver reserves the right to terminate child care services, providing a one-week notification prior to the last day of services rendered in the event the caregiver is no longer able to care for your child. The caregiver reserves the right to terminate child care services, providing a one-week notification prior to the last day of services rendered in the event of repeated contractual violations by the child's parent/guardian(s). The parent/guardian(s) agrees to pay for the provider's legal fees should the caregiver need to pursue collection for nonpayment, or contractual violations by the child's parent/guardian(s). _____

I provide nutritious meals breakfast, lunch and snacks at no extra charge to you. _____

Supplies

Parents are responsible for supplying:

- Bottles, Formula, Baby Food
 - Diapers & Wipes
 - A full change of clothing
 - Any other supplies your child may need.
- _____

Cleanliness/Hygiene

We do our best to maintain strict cleanliness and hygiene standards. Children's hands are washed before and after meals, coming in from outside and after toileting. If these skills are stressed at home also your child may remain a good hand-washer when he/she gets older. Please have your child bathed and dressed for play. A clean child is a healthy child.

This agreement summarizes the services to be provided and the fees that will be charged for these services. By signing this agreement the parent/guardian(s) indicate they're understanding of, and are in agreement with the caregiver's policies. The rates set forth in this agreement are in effect until the agreement expires, or when the services required or child's schedule changes, or until a general rate increase takes place. In the event of a general rate increase, the caregiver agrees to provide the parent/guardian(s) with a two week written notification prior to implementation. During the course of the year, any changes to the parent/guardian(s) and Provider Agreement shall require a new agreement to be prepared and signed by the parent/guardians(s) and the caregiver. The parent/guardian(s) agrees that they have had the opportunity to inspect the provider's premises, that they have found them acceptable and that they will indemnify the provider from any and all losses and liability incurred as a result of accidents, injuries or illness of their child while under the Provider's care.

Parent/Guardian(s) and Provider Agreement

Additional Comments _____

Agreed to By: Green Frog Daycare LLC.

Provider Deborah Villagra

	Signature	Date
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Parent/Guardian (s)

Print Mother Name	Signature	Date
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Print Father Name	Signature	Date
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