

Parent-Provider Agreement

2020-2021

1. This agreement contains the financial terms that are agreed between PARENTS:

Childcare Provider: LaToya Williams/ co provider Destinee Joyner
10118 Annapolis Road, Lanham MD 20706 Phone:
(301) 459-8296 &

Parent _____

Address: _____

Parent LAST FOUR OF SSN _____ Parent Birthdate _____

Parent LAST FOUR OF SSN _____ Parent Birthdate _____

FOR THE CARE OF: _____, _____ D.O.B.

And _____, _____ DOB

The hours and days we have agreed that Mrs. LaToya will provide care for our child/children are:

	Monday	Tuesday	Wednesday	Thursday	Friday
Drop-off					
Pick-up					

- Please notify me in **writing** if there's any changes to be made to your hours
- THREE weeks' notice and my approval is required before changes are made

A. Parents agree to pay according to schedule.

\$ ____ () Weekly () Bi-weekly () Monthly () Hourly

And an Additional fee will apply for school age children when school is closed

The rate will be \$55 a day and or \$95 a week in addition to weekly rate

- Receipts will be available on date of payment or at
- Year-end summary which will be provided by January 15th

3. Other Charges

- A. There will be no charge for meals served
- B. There will be a charge for having to purchase supplies. The cost will be the amount on the receipt. \$20 monthly
- C. A \$85.00 enrollment fee is required to be paid upon enrollment

Overtime rate: \$1.00/per minute
 NSF Checks \$65.00/item late payment
 \$15.00/day Enrollment Fee: \$75.00

- I expect to be paid even though you may have brought your child late.

I/we understand that in the event LaToya Williams/ [One Step Up](#) is not paid for your child's contracted space up to the termination date:

First action: [LaToya Williams/ One Step Up](#) reserve the right to give written notice and take action by not providing care for my child/children until payment is made for services.

Second action: [LaToya Williams/ One Step Up](#) also reserves the right to give a written notice and take action at which time I will be taken to small claims court where court & attorney fees and loss of income will also be added to the bill.

By signing this form, you agree to:

- Pay as per schedule and to pay for any charges incurred on my account as deemed necessary by Mrs. LaToya, parent agree to discuss any problems with her as they arise.
- Abide by all rules and guidelines and to respect all policies and terms. I agree to the financial terms set out in this contract.
- Give a three-week written notice to One Step Up if any information in this contract changes or needs to be altered in any way.
- **All notices must be given on Fridays and three weeks from that date is considered 3 weeks. For three Week termination notices three payments after notice is given is expected. The week of the notice is considered one of the three weeks.**
- **Example of 3 week notice (Friday May 5 notice goes in) May 5 payment is one week payment is due May 12, is two weeks last payment due May 19.**

LaToya Williams/ One Step Up agree to respect all opinions and comments made by parents and to provide the best of care for the child/children whom they are enrolling.

This agreement will come into effect on: ___/___/___

By signing below, you agree that this is a legally binding form. Providing false information could be grounds for termination of childcare services, forfeiture of retainer, or both.

Father/Guardian's Signature	Date
Mother/Guardian's Signature	Date
LaToya Williams/ One Step Up	Date

One Step Up Childcare Policies

The following rules pertain to One Step Up Childcare's business policies. These policies are non-negotiable and are legally binding.

A. Enrollment

1. All forms must be completely filled out and returned before beginning childcare. Registration retainer is paid at time of enrollment. This retainer is nonrefundable.
2. The client understands that medicine forms must be filled out before any medication will be administered. ____ ____ (Initial)
3. Parent agrees to submit (on or before the first day of care) a copy of each child's current immunization records. ____ ____ (Initial)
4. A three-week notice and three-week's payment must be given if parent decides to terminate their contract. ____ ____ (Initial)
5. The parent understands Mrs. LaToya is responsible for informing parent of any accidents occurring during the day. Accident forms are filled out, signed, and filed into child's history folder.

B. Payments

1. No spots will be reserved without an enrollment fee has been paid.
2. **I will not** accept post-dated checks for childcare. Check must be dated for the day services are being paid.
3. If payments are to be made early due to holiday/closing it will be deposited the same day, therefore date the check for the day given.
4. Payments are to be made on Friday mornings when your child is dropped off no exceptions.
5. Late fees will be added daily beginning of Friday (weekend included). If your payment is not received by Tuesday your child will not be accepted in my childcare until all fees are paid in full.
6. Returned checks will be assessed fees payable in cash or money order for:
 1. The full amount of the check
 2. A \$65.00 service fee my bank charges me, and
 3. Any additional fees incurred by me as a result of your check not clearing _____ (Initial)
 4. One Step Up reserves the right to withhold the taxpayer EIN number from any parent that is in breach of contract or has a UN paid balance.

C. Hours/Vacation/Days off

1. The price for full time tuition includes 10 hours a day, five hours a week. Anything over 10 hours a day/50 hours a week will be charged \$ 1.00 per minute.
2. Parents will be charged for the full week whether the child comes for 0-5 days a week along as your child has a space _____ (Initial)
3. If you take a vacation, all of your weekly tuition will be due on the same date specified in your contract. If vacation is taken and not paid for, the slot may no longer be available to the parent. _____ (Initial)
4. I take the following days off with pay: New Year's Eve, New Year's Day, Good Friday, Memorial day, Independence Day, Labor Day, Columbus Day, Veterans Day, Thanksgiving & Friday, Christmas Eve and Christmas Day.
5. The daycare is close for a one week vacation each year. Parents are responsible for payment during that time. _____ (Initial)

D. Illnesses

1. Parents should notify me if there has been an illness in the family over the weekend.
2. A child will not be allowed to stay in my home if there is a fever, diarrhea, or other contagious symptoms (see illness policy in parent handbook).

3. Medication can be given if it is in the original container, labeled with the child's name, and I have a signed medical authorization with it.

E. Clothing and Supplies

1. Children's belongings must have their name written on ziplock supplied bag
2. Please dress your children appropriately according to the weather
3. You are to supply 3 full sets of change of clothing for your child, diapers, and wipes (monthly) if not potty trained.

F. Discipline Procedures

1. In case of disciplinary measures, I use positive guidance/re-direction if necessary, the time-out method. Time out is removing the child from the situation and placing him/her by him/herself for a period of one minute for each year of the child. Time out is used as a last resort only.
2. If the child has a disciplinary problem, parents will be notified so we can take a course of action together.

G. Miscellaneous

1. Parents are expected to supply a change of clothes, even if their child is fully potty trained. ____ ____ (Initial)
2. Parents are responsible for diapers, wipes, and special-needs items food for any child under 18 months.
3. Parents will call before scheduled time of arrival if they are late or not coming that day. (Late fees still apply). ____ ____ (Initial)
4. Parents will pick their child/children up at the door (Due to COVID- 19) NO INSIDE PICK UP ALLOWED.
5. Only designated persons will be allowed to pick up the child. ____ ____ (Initial)

Please practice 6 feet distance and use hand sanitizer at pickup

6. Parents are responsible for providing a three-week notice if they decide to terminate. Failure to provide such notice will result in being charged the full rate for three weeks, plus a \$600 broken contract fee. Failure to pay these fees within 10 calendar days will result in contracted forward to the proper channels for collections.

By signing this form you agree that this is a legally binding form. Failure to abide by the policies mentioned will result in termination of contract, forfeiture of deposit, or both. This policy agreement is subject to change with three weeks written notice.

This contract and the handbook is in conjunction with each other and must be followed hand and hand

Father/Guardian's Signature	Date
Mother/Guardian's Signature	Date
LaToya Williams/One Step Up Childcare	Date

Nutrition Assessment

Dear Parent:

Nutrition is a very important part of my program. In order for me to plan appropriate nutrition-education activities and menus to meet your child's needs, I need to know your child's eating patterns. Please take the time to fill out this questionnaire providing me with the needed information. This information will also help me obtain an overview of the eating habits of children by age group.

Name: _____ Age: ____ Sex: _____ Date: ___/___/___

1. How many days a week does your child eat the following meals or snacks?

A morning meal _____ a mid-afternoon snack _____

A lunch or mid-day meal _____ an evening snack _____

An evening meal _____ snack during the night _____

a mid-morning snack _____

2. When is your child most hungry? ____ Morning ____ noon ____ evening

3. What food does your child dislike? _____

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4. Is your child on a diet? Yes _____ No _____
If yes, why? _____
Describe diet: _____
Diet prescribed by whom? _____
5. Does your child eat things not usually considered food (i.e. paste, dirt, paper)?

If yes, how often?: _____
What is eaten?: _____
6. Is your child taking a vitamin or mineral supplement?: _____ Yes _____ No
If yes, what kind?: _____
7. Does your child have any dental problems that might create a problem when eating certain foods? If yes, what?:

8. Has your child ever been treated by a dentist? _____ Yes _____ No
9. If yes, dentist visit: ____/____/____
10. Does your child have any diet-related health problems?
_____ Diabetes _____ Allergies _____ Other (Explain): _____
11. Is your child taking any medication for a diet-related health problem? ___ Yes
___ No
12. How much water does your child normally drink throughout the day?

Child Information Form

Child's name: _____ DOB: ___/___/___ Age: _____ Sex: _____
Height: _____ Weight: _____
Chronic illnesses: _____

Any known allergies? (Asthma, Hay Fever, Insect Bites, Medicines, Food, etc.) _____

Is your child Toilet Trained?

What words does your child use for toilet?

Are any medications given regularly?

Child's favorite toys, activities, etc.:

Favorite Foods: _____

What makes your child mad or upset? _____

How does your child show feelings? _____

What do you find is the best way of handling your child?

How do you discipline your child?

Any disorders/developmental (slow, advanced) diagnosed or suspected? _____

Any special needs required for your child? _____

Special family situations? (such as custody specifications, problems arising from situations, etc.) _____

Anticipated adjustment problems? _____

Has your child been taking an afternoon nap? _____

If so, how long? _____ If

not, why no nap? _____

Special toy or blanket for nap time?

Name of previous daycare provider/center: _____

Reason for leaving previous daycare setting: _____

Other comments: _____

By signing below, you agree that this is a legally binding form. Providing false information could result in termination of childcare services, forfeiture of childcare retainer, or both.

Father/Guardian's Signature	Date
Mother/Guardian's Signature	Date
LaToya Williams/One Step Up Childcare	Date

Health Information

Health Report:

Name of Child	DOB:	Age:	Sex:
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Child's health history and current health problems: _____

Any special medical conditions, including chronic health problems: _____

Any special medications and/or restrictions: _____

Are your child's immunizations up to date? _____ If not, what is needed? _____

Has your child had any of the following common childhood illnesses?

Chicken pox yes no	Measles yes no	Whooping cough yes no
German measles yes no	Mumps yes no	Rubella yes no
Scarlet Fever yes no	German measles yes no	Rheumatic Fever yes no

Is your child prone to:

Ear infections yes no	Headaches yes no	Sore throats yes no
Stomach upsets yes no	Colds yes no	Heart disease yes no
Diabetes yes no	Upper Respiratory Infections yes no	Other:

Does your child have any speech, hearing, or visual problems? _____

Has your child ever been tested for any of the above? _____ Describe: _____

Has your child ever had any surgeries? _____ Describe: _____

Known medical problems: _____

Last tetanus shot: ____/____/____ Reaction?: Yes No

Child's Blood Type: _____

Drug Reactions: _____

Contact with Tuberculosis: _____

Allergies: _____

TB Test _____ (date):

results

Chest x-ray _____ (date):

results

Sickle Cell _____ Test (date):

results

Agreements:

When my child is ill, I understand and agree that One Step Up will not accept my child for care. This includes: fever, diarrhea, vomiting, bad cough, all cold symptoms due to COVID-19 and discharge from nose/eyes of any color than clear, and all communicable diseases.

My signature below certifies that my child is to my knowledge, in good health, and free of disabilities that would endanger him/her or other children.

Also by signing below I agree that this is a legally binding form. Providing false information could be grounds for termination of childcare services, forfeiture of retainer, or both.

Father/Guardian's Signature	Date
Mother/Guardian's Signature	Date
LaToya Williams/One Step Up Childcare	Date

Authorization for Emergency Medical Care

If I cannot be reached to make arrangements for emergency medical care for my child at the time of an illness, accident, or injury, I give my permission for:

One Step up -
Childcare

Sick Child Policies

Effective _____

This is a **well-child** childcare home. This means that if your child is not feeling well, for any reason, you will need to find alternate care. Control of communicable illness among children is a prime concern. Policies and guidelines related to outbreaks of communicable illness in my home have been developed with the help of the Health Department and Pediatricians. In order to protect the entire group of children, as well as your own child, I ask that parents assist me by not bringing their child if he/she has a contagious illness or exhibits any of the following symptoms:

- Fever of 100°F under the arm
- Signs of a newly developing cold or severe coughing/sneezing
- Vomiting, in excess of typical infant spit-ups or upset stomach
- Diarrhea (1)
- Conjunctivitis ("pink eye")
- Unusual or unexplained loss of appetite, fatigue, irritability, or headache
- Consistent complaints of ear or stomach pain
- Bleeding other than minor cuts and scrapes

- A communicable disease (measles, mumps, chicken pox, etc.)
- Excessive colored discharge from eyes or nose, indicating possible infection
- Head lice
- Unexplainable rash
- ALL AND ANY COVID 19 SYMPTOMS

In general, if your child is too sick to go outside and play, then your child is too sick to attend childcare. If your child becomes ill during daycare, you will be phoned at work and asked to pick your child up immediately.

Please dispense all medications at home whenever possible. For times when this is not possible, an **Administration of Medication Form** must be filled out in order for me to dispense any medications. **All** prescription *and* over-the-counter medications must be in their original container(s), and prescriptions must display the pharmacist's label with the doctor's name. If you have any questions, please feel free to discuss them with me

Signatures below indicate acknowledgement of receipt of this form and agreement to adhere to these policies. Failure to abide by these policies could be grounds for termination of childcare services, forfeiture or childcare retainer, or both.

Father/Guardian's Signature	Date
Mother/Guardian's Signature	Date
LaToya Williams/One Step Up Childcare	Date

External Preparation Form

Child's Name	Date:	
Child's DOB	Weight	
Height	Hair Color	Eye Color

I hereby give One Step Up. Permission to apply, one or more of the following external preparations, in accordance with the directions for use on the container.

- () *Baby wipes
- () Band-Aids
- () Neosporin or similar ointment
- () * Sunscreen
- () * insect repellent
- () *non-prescription ointment (such as A & D, Destin, Vaseline)
- () * Other: (please specify) _____

* Must be provided by the parents

By signing below, you agree that this is a legally binding contract. I AGREE That the Parent's handbook is in conjunction with this contract, by signing below you agree to both rules set in both the contract and 2020-2021 handbook.

Providing false information could be grounds for termination.

Father/Guardian's Signature	Date
Mother/Guardian's Signature	Date

Please Note: I/We understand that in the event that One Step Up , is not paid for their services rendered up to the termination date. One Step Up reserves the right to hire a lawyer or be forced to file a claim at a Small Claims Court and report you to the local credit bureau if payments are not paid as agreed

Father/Guardian's Signature	Date
Mother/Guardian's Signature	Date

LaToya Williams/ One Step Up Childcare	Date
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Office Use Only: File Name _____ File # _____ Reason for termination-
