



[This Photo](#) by Unknown

Parent-Provider Agreement

2023-2024

**This agreement contains the financial terms that are agreed between
Parents and providers:**

Childcare Provider: LaToya Williams/ co provider Destinee Joyner

10118 Annapolis Road, Lanham MD 20706

Phone: (301) 459-8296 & 301708-9887

Parent/ Parents Name _____, _____

Address: _____

Parent LAST FOUR OF SSN _____ Parent Birthdate _____

Parent LAST FOUR OF SSN _____ Parent Birthdate _____

For childcare services for

Child: _____ DOB: _____

____ The hours and days we have agreed that One Step Up Early Childcare, will provide care for

Drop off times

Pick up times

Please notify me in writing if there's any changes to be made to your hours

· THREE weeks' notice and my approval are 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 by request only.

· Year-end summary with total paid will be provided by January 15th to all parents not in arrears.

A. There will be no charge for meals served for children over 18 months who do not have any dietary restrictions

B. There will be a charge for having to supply parent responsible supplies. The cost will vary from \$5-\$15 per item

C. A \$100.00 enrollment fee is required to be paid upon enrollment

Overtime rate: \$1.50/per minute

NSF Checks \$85.00/item late payment \$35.00/day

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 act 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 act 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:

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 _____ 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 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.
0. I will not accept post-dated checks for childcare. Check must be dated for the day services are being paid.
2. 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.
3. Payments are to be made on Friday mornings when your child is dropped off no exceptions.
4. Late fees will be added daily beginning of Friday (weekend included). If your payment is not received by Monday morning at drop off your child will not be accepted in care until all fees are paid in full.
5. Returned checks will be assessed fees payable in cash or money order for:
 1. The full amount of the check
 2. A \$85.00 service fee my bank charges me, and
 3. Any additional fees incurred by me because of your check not clearing _____ (Initial)
- One Step Up reserves the right to withhold the taxpayer EIN
EIN number from any parent that is in breach of contract or has an Unpaid 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 hour a week will be charged \$ 1.50 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 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

- 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 \$1000 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.

The contract and handbook are 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. 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 snacks

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

3. What food does your child dislike? _____

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:

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 decide for emergency medical care for my child at the time of an illness, accident, or injury, I give my permission to make that decision to Mrs. Latoya Williams and Destinee Joyner.

Parents initial _____ Parents initial _____ Date _____

One Step up Childcare Sick Child Policies

Effective immediately

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 or more
- Signs of a newly developing cold or severe coughing/sneezing
- Vomiting, more than typical infant spit-ups or upset stomach
- Diarrhea
- 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-