



This Photo by Unknown Author is

## Parent-Provider Agreement 2024-2025

**This form handbook, and health forms must be complete and turned in before child is accepted in care.**

This agreement contains the financial terms that are agreed between the following parties.

Parents and providers:

**Childcare Provider: LaToya Williams**

**One Step Up Early Childcare**

**at**

10118 Annapolis Road, Lanham MD 20706

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

**&**

Parent/ Parents Name \_\_\_\_\_,

\_\_\_\_\_

Address:

\_\_\_\_\_

Parent LAST FOUR OF SSN \_\_\_\_\_ Parent Birthdate \_\_\_\_\_ mom

Parent LAST FOUR OF SSN \_\_\_\_\_ Parent Birthdate \_\_\_\_\_ dad

For childcare services for

Children \_\_\_\_\_ DOB: \_\_\_\_\_

Children \_\_\_\_\_ DOB: \_\_\_\_\_

Children \_\_\_\_\_ DOB: \_\_\_\_\_

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

Drop off times. \_\_\_\_\_ Drop off times. \_\_\_\_\_

Pick up 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 the weekly rate.

Receipts will be available on date of payment by request only.

Year-end summary with total paid will be provided by January 21<sup>st</sup> by request only.

(Provided for 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

late payment \$45.00/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 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 the 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 paid.

2. Payments are to be made on Friday mornings when your child is dropped off, no exceptions.

2. Late fees will be added daily at the 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.

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 closed 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 timeout 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 the 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 (after COVID- 19 And many safety issues on the news) NO INSIDE PICK UP IS ALLOWED DURING PICK UP TIMES. To assure safe secure care too all children.

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

Please print this form( Nutrition assessment) multiple times if you have more than one child enrolled.

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 snack

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:

\_\_\_\_\_

#### 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. 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
- Communicable diseases (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 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.

Signature form

By signing below, you agree to all 11 pages of One Step Up contract and the parents' handbook. You understand that the handbook and contract go in conjunction with each other, you also understand and agree that this is a legally binding form that must be followed until proper three-week notice is given as explained in the handbook and this contract. Providing false information, not keeping required files updated may result in termination of childcare services or refusal of care along with termination fees. 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 \_\_\_\_\_