**Home Daycare Contract Form**

This **Home Daycare Contract ("Agreement")** is made and entered into on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Date), by and between:

### **Daycare Provider Information**

* **Provider’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Daycare Name (if applicable):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Daycare Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### **Parent/Guardian Information**

* **Parent/Guardian’s Full Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Email Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Emergency Contact Name & Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### **Child Information**

* **Child’s Full Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Date of Birth:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Allergies or Medical Conditions:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### **Care Schedule & Fees**

* **Days of Care:** ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday
* **Drop-off Time:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Pick-up Time:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Weekly Fee:** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Payment Due Date:** ☐ Monday ☐ Friday ☐ Bi-Weekly

### **Rules & Responsibilities**

* Parents must provide **diapers, formula, extra clothing, and personal care items**.
* Late pickups after \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will be charged **$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ per minute**.
* If a child is sick, they must remain at home until symptom-free for **24 hours**.

### **Termination Policy**

Either party may terminate this contract with a **☐ 14-day notice ☐ 30-day notice**.

### **Signatures**

**Parent/Guardian’s Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_  
**Daycare Provider’s Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_