



Parent Caregiver Agreement

All is Well Childcare Inc.

accepts partnership with _____ (parent)

in the development of _____ (child).

The childcare undertakes to provide quality, responsible and nurturing childcare and is prepared to discuss any concerns with parent and open to suggestions with regards to childcare program.

**This agreement must be signed by caregiver & parent prior to commencement of the childcare.*

Hours: Child will be in the Centre from _____ : _____ to _____ : _____

When childcare time is more than 9 hours, please mention it clearly as there will be an extra charge. Please notify childcare if your agreed upon time gets changed. In case of late pick-up, the procedure will be: Charge of \$1 per minute. If parents or alternate pick up person does not show up till 6:30 p.m. staff will contact Ministry for Children and Family @604-660-8180.

1. **Fee:** To pay a monthly fee of \$_____ on the 1st day of each month and to keep our account in a good standing. 6 months post-dated cheques will be required. If you accept a space and register but withdraw before your child start childcare, you will be responsible for a One month fee. To pay full monthly fee as stated above regardless of attendance. In case of a child's absence or parent vacation, fee will remain same. Only by paying a monthly fee, space can be reserved for your child.
2. When it is time to leave All is Well Childcare Inc. or any change in your child's space (full time to part time or part time to full time) a minimum of Two-month (1st day of month) notice will be required. If you are taking part time space, we will not be able to swap your days for any reasons (sickness, vacation, emergency etc.) as one full time space is shared by 2 children and part time days are fixed.
3. Upon registration, a non-refundable \$250 will be charged as registration fee and a One month refundable deposit (equal of monthly fee) \$_____. The deposit will be refunded upon Two months advance notice (1st day of month) of your child's withdrawal. For NSF/returned cheques a fee of \$25 will be charged.

Initial _____/_____

Illness or Emergency: In case of caregiver's illness or emergency, Childcare will hire a substitute staff to replace the caregiver. There will be no rebate or prorating of monthly fees in the event of caregiver absence as childcare is in the operation with a substitute.

*The parents will not expose other children to illness or contagious disease. *See Health Policy.

Holidays: Caregiver may take a few days of vacation during which time usual monthly fees remain payable as a substitute will be hired to operate the facility. In case of parent's holiday or temporary absence of the child, fees will be paid as usual as the space is reserved for your child. (Refer Parent Handbook)

*All is Well Childcare Inc. will be closed on all statutory holidays & 1 week of Christmas.

Drop off and Pick up: The child will be released in the presence of the caregiver or authorized substitute of a parent. The parent will notify childcare staff if the child is to be picked by an unauthorized person (an individual not indicated on registration paperwork). Pick up person will be required to show 2 pieces of picture ID and a written note from the parent. Please inform staff if your child is not attending any day or coming late.

Clothing/Blanket/Bed sheet/Diapers:

- Parents will provide extra clothes, outdoor clothing, blanket, bed sheet, diapers, wipes, bum cream, indoor shoes/slippers, lunch, and milk/formula.
- Childcare will provide only emergency snacks.
- Peanut and junk food free zone.

Consent: (Initial all)

- Use of all play Equipment -----
- Photograph for childcare purpose -----
- Release of Information to Government Officer -----
- Sunscreen, Diaper Cream, or lotion -----

Access of Medical Attention & Emergency: I/We, _____ give permission to Centre staff to immediately access, medical attention for my child _____. This may include ambulance, care service, emergency ward/clinic. The centre staff will proceed with medical attention with the advice of the attending physician until the parent is contacted. While as parents/Guardian, I understand that reasonable precaution to ensure my child's safety will be taken, I also realize that accident may happen and by signing, I release All is Well Childcare Inc. and its staff from any liability whatsoever in case of an accident at All is Well Childcare Inc. Facility. For this medical treatment service, I/we agree to reimburse All is Well Childcare Inc. for any cost that may incur as a result. (Consent is relevant for the duration of your child's enrollment)

Initial _____/_____

* All is Well Childcare Inc. reserves a right to change their policies for the benefit of children and program. Parent will be notified ahead of time.

I/We, have read and understand the above policies:

<u>Parent or Guardian</u>	<u>Caregiver:</u> All is Well Childcare Inc.
<u>Date of Acceptance</u>	<u>Date of Acceptance</u>
<u>Signature</u>	<u>Signature</u>
<u>Email</u>	
<u>Phone/Cell</u>	