

Little Stars Childcare

LIC#214005170

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PROVIDER-PARENT CONTRACT

I agree to enroll child,..... in
.....**FAMILY CHILD CARE**, beginning on.....

I have received and read the attached Child Care Guidelines and agree to comply with all rules and responsibilities stated in them.

1. Care will normally begin atand end aton the following days of the week:
.....
2. Care will include appropriate meals and diapers.
3. The charge of care of the child is **\$2300 per month**. Overtime charges are \$15 per hour when child is picked up after scheduled time. Scheduled time must be respected regardless of when child was dropped off.
4. A 50% non-refundable deposit is required in order to save a space for your child, at least 60 days before starting date. The deposit will be applied to first month once child starts.
5. Payment should be made on the first day of the month. Please, make checks payable to little star child care.
6. Payment obligation is based on the days and hours you agree to use child care, not on actual hours of attendance. Payment is due if you have agreed to use certain blocks of time whether or not the child actually attends during those hours. A **60-day** notice must be given for cancellation of contract, or you will be charged for a full month.
7. All children are accepted on a 30 day trial basis, after which time provider will determine if child is ready to continue in child care and will advise parents accordingly.
8. Children may be taken from the child care provider's care only by the person signed below, by persons listed on the form Authorization to Leave Care or under conditions specified on that form.
9. ***Paid holidays and vacation are listed in attached calendar.*** (If you are leaving a month before our holiday you are responsible for summer Recess or winter Recess)
10. Registration Fee \$200

(Parents' Signature) ----- (Provider's Signature) -----
(Date Signed) ----- (Date Signed) -----

CHILD CARE HOME REGISTER

Child's Name:..... Birth date:.....

Home Address:.....

Home Telephone: (.....).....

Mother's Name:.....

Employer's Name.....

Employer's Address:.....

Business Phone: (.....).....

Father's Name:.....

Employer's Name:.....

Employer's Address:.....

Business Phone: (.....).....

Name of persons to be called in case of Emergency:

1. Name:.....

Address & Phone:.....

2. Name:.....

Address & Phone:.....

Names of persons authorized to pick up Child:

1.

2.

Child's Doctor:

Address:

Phone: (.....)..... Emergency Number. (.....).....

Health Insurance: Ins. #:

**PARENT NOTIFICATION
ADDITIONAL CHILDREN IN CARE**

YOU ARE HEREBY ADVISED THAT I WILL / MAY BE PROVIDING CARE TO EIGHT CHILDREN AT ONE TIME IN MY FAMILY CHILD CARE HOME.

RECEIPT OF PARENT NOTIFICATION

ACKNOWLEDGE RECEIPT OF THE NOTIFICATION THAT THE LITTLE STAR FAMILY CHILD CARE WILL / MAY BE PROVIDING CARE TO TWELVE CHILDREN AT ONCE.

Signature (date).....

• Per chapter 18 of Senate Bill no. 265

NOTIFICATION OF PARENT'S RIGHTS

INSTRUCTIONS:

This form is intended to meet the requirement of California Health and Safety Code Section 1596.857 which requires that parents or guardians be informed of their right to enter and inspect the child care facility where their child is receiving care. The facility is required to:

1. Post this statutory right in a prominent place in the facility that is easily accessible for public view.
2. Complete and detach the form at the perforated portion.
3. Give the parent or guardian the top portion of this form.
4. File and maintain the detached bottom portion in the child's facility record to document that all parties have been notified of this right in accordance with the above statute.

Parent's Rights

1. Parents/guardians, upon presentation of identification, have the right to enter and inspect the child care facility, in which their child(ren) is receiving care, without advance notice to the provider. Entry and inspection right is limited to the normal operating hours while their child(ren) is receiving care.
2. The law prohibits discrimination or retaliation against any child or parent/guardian for exercising his/her right to inspect the facility.
3. The law requires that parents/guardians be notified of their rights to enter and inspect.
4. The law requires that this notice of parent's rights to enter and inspect be posted in the facility in a location accessible to parents/guardians.
5. The law authorizes the person in charge of the child care facility to deny access to a parent/guardian under the following circumstances:
 - a) The parent/guardian is behaving in a way which poses a risk to children in the facility, or
 - b) The adult is a non-custodial parent and the facility has been requested in writing by the custodial parent to not permit access to the non-custodial parent.

.....(detach here).....

ACKNOWLEDGEMENT OF PARENT'S RIGHTS NOTIFICATION

This will acknowledge that I/we, the parent(s) of.....
have received a copy of "PARENTS RIGHTS*" from (provider's name).
the representative of.....Family Child Care.

Signature of Parent(s)/Guardian(s) **Date** Signed

SOCIAL OR FAMILY HISTORY

Has your child had group play experience?.....

Has your child been cared for by persons other than parents?.....

By whom?.....

In own home?..... Outside?.....

Does your child need help in dressing?..... Undressing?.....

Washing?..... Eating?..... Toileting?.....

Is your child toilet trained?.....

Does your child take a nap?.....

About what time and for how long?.....

Does your child have any special problems / fears?.....

.....

Does your child have any strong likes / dislikes?.....

.....

Do you feel strongly about any forms of discipline that the child care provider might use?.....

.....

.....

Who disciplines the child at home?.....

**AFFIDAVIT REGARDING LIABILITY INSURANCE
FOR FAMILY CHILD CARE HOME**

SECTION A:

I/We, the parent(s)/guardian(s) of.....
Acknowledge that (provider's name) the licensee of.....Family Child Care has informed me/us that this facility carries liability insurance or a bond in accordance with standards established by Family Day Care statute.

Signature of Parent(s)/Guardian(s)**Date** Signed.....

Note: The law requires Family Day Care providers to carry liability insurance or bond in the amount of \$300,000 annually or to maintain this signed statement in the facility file. Lack of a bond or insurance does not effect the right of parents to bring legal action against the facility.

CONSENT FOR MEDICAL TREATMENT

AS THE PARENT, AGENCY REPRESENTATIVE OR LEGAL GUARDIAN, I HEREBY GIVE CONSENT TOFAMILY CHILD CARE TO PROVIDE ALL EMERGENCY DENTAL OR MEDICAL CARE PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OR DENTIST (DDS) FOR MY CHILD

.....

THIS CARE MAY BE GIVEN UNDER WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF MY DEPENDENT.

CHILD HAS THE FOLLOWING MEDICAL ALLERGIES:

.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

Parent /Guardian **Signature** **Date**.....

GENERAL FIELD TRIP PERMISSION

I giveFamily Child Care and its personnel permission to
take my child for short trips as part of its child care program.

(Parent or Guardian).....

(Date).....

WHEN YOUR CHILD IS TOO SICK TO COME TO CHILD CARE

Children diagnosed with the following diseases should stay home:

- Bacterial Meningitis
- Diarrhea related to shigella, campylobacter, salmonella, giardia
- Diphtheria
- Hepatitis A
- Measles
- Mumps
- Pertussis (whooping cough)
- Pneumonia, Epiglottitis, or Infectious Acute Arthritis
- Rubella (German measles)

Children with the following symptoms should be excluded from child care:

- Yellowish eyes or skin
- Severe coughing
- Difficult or rapid breathing
- Diarrhea

Continuous Vomiting

- High fever
- Pinkeve

If fever above 100 degrees F. accompanies any of the following symptoms:

- Spots or rashes
- Sore throat or trouble swallowing
- Infected skin patches
- Unusually dark or tea-colored urine
- Grey or white stool
- Headache or stiff neck
- Vomiting/Diarrhea
- Unusual behaviors such as crankiness, copious crying or low activity
- Loss of appetite
- Severe itching of body or scalp

Your child must be symptoms free for 24 hours before returning to child care.

If your child has been given antibiotic he/she must stay at home for 24 hours before coming back to child care.

