

INFORMATION AND AGREEMENT

THIS FORM COMPLIES WITH THE MINIMUM STANDARDS FOR LICENSED FAMILY DAY HOMES. THE COMPLETED FORM SHALL BE KEPT IN THE CHILD'S RECORD AT THE FAMILY DAY HOME. A COPY OF PART II AND PART III SHALL BE GIVEN TO THE PARENT(S) OR GUARDIAN.

Child	Nickname	Sex	Birthdate
Street Address	City	State	Zip
			Home Phone

Allergies, Chronic Physical Problems/Diseases/Pertinent Development Information/Special Accommodations Needed

If Child Attends School/Program, Give Name of School/Program	Grade
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Names & Locations of Previous Child Day Care Programs & Schools Attended

PARENTS/GUARDIAN

Father	Place Employed	Business Phone
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Business Address	Business Hours
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Home Address	Home Phone
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Mother	Place Employed	Business Phone
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Business Address	Business Hours
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Home Address (enter same if address is the same as the father's)	Home Phone
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Person(s) or Agency Having Legal Custody of Child

Home Address	Home Phone
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Business Address	Business Hours
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EMERGENCY INFORMATION

Child's Physician	Street Address	Phone
	City State Zip	

Name of Emergency Contact if Parent(s) Cannot Be Reached	Street Address	Phone
	City State Zip	

Person(s) Authorized to Visit, Call or Pick Up Child

Person(s) NOT Authorized to Visit, Call or Pick Up Child*

* Appropriate custodial paperwork shall be attached if a parent is not allowed to pick up the child.

PART II. AGREEMENT TO BE COMPLETED BY PARENT(S) OR GUARDIAN

I hereby agree to place _____ in the care of _____
between the hours of _____ or _____ A.M. and _____ A.M. (Before School) and
_____ P.M. and _____ P.M. (After School) for _____ days a _____ week, _____ month.

I agree to pay \$ _____ per _____ Hour, _____ Day, _____ Week, _____ Month for the care of this child.
Payments are to be made _____ Daily, _____ Weekly, _____ Semi-monthly, _____ Monthly.

I agree to arrange for the necessary medical examination and immunizations for my child prior to or within 30 days after enrollment and I will provide updated Immunization reports as required thereafter; or I will submit the necessary documentation for medical or religious exemption from these requirements.

I agree to pick up or arrange to have my child picked up as soon as possible when notified that he or she develops symptoms of a communicable disease; an oral temperature of 101 F or an armpit temperature of 100 F; or recurrent vomiting or diarrhea.

I understand that in case of an emergency due to illness the provider will contact the parent(s) or guardian; if the parent(s) or guardian is not available or cannot be reached, the provider will notify the designated emergency contact to pick up the child.

I authorize the Family Day Provider to obtain immediate medical care for my child if an emergency occurs and I cannot be located immediately. I have completed, signed, and dated the child's emergency medical authorization form.

I authorize the Family Day Provider to provide or arrange for emergency transportation to _____ or the nearest emergency medical facility if an emergency occurs and I cannot be located immediately.

I understand that the Family Day Provider may give nonprescription medication only as directed by the instructions on the original container and with my written consent.

I understand that the Family Day Provider may give prescription medication only as directed by the authentic prescription label and with my written consent.

I understand the requirement for paid staff to report suspected child abuse or neglect as required by 63.1-248.3 of the Code of Virginia.

I authorize the Family Day Provider to use a substitute provider as necessary.

I authorize my child to participate in certain community activities. List such activities, times and methods of transportation:

I understand that authorization for field trips will be given on an individual basis.

I agree to allow a provider, substitute provider or an assistant to transport my child as necessary.

I have reviewed the discipline policy including the acceptable and unacceptable discipline methods with the Family Day Provider.

In addition, I agree to provide the following (*specify*): _____

Other agreements or acknowledgments: _____

Signature of Parent(s) or Legal Guardian: _____

Date: _____

PART III. AGREEMENT TO BE COMPLETED BY LICENSED FAMILY DAY PROVIDER

I, _____ licensed by the Virginia Department of Social Services to care for children in my Family Day home, agree to provide child care for _____ (child's full name) being enrolled on the _____ day of _____, during the hours specified in Part II.

In addition to caring for this child during the hours specified in Part II, I agree to provide the following services listed below, if any (for example, transportation to and from school or supervision for the child to get on and off the school bus):

As long as \$ _____ is paid _____ Daily, _____ Weekly, _____ Semi-monthly, _____ Monthly.

Percentage of time per week that persons other than the provider will care for the child _____.

I agree to notify the parent(s) or guardian if they can be located, or the designated emergency contact named in Part I, whenever the child develops symptoms of an illness or exposed to a communicable disease as defined in Part VI, Article 3 of the Minimum Standards for Licensed Family Day Homes.

I agree to notify the parent(s) or guardian immediately of major injuries and accidents. I will report minor injuries and accidents to the parent(s) or guardian on the day these occur.

I agree to obtain immediate medical care for the child if an emergency occurs and the parent(s) or guardian cannot be located immediately.

I agree to provide or arrange for emergency transportation to _____ or the nearest emergency medical facility if an emergency occurs and the parent(s) or guardian cannot be located immediately.

I agree to give nonprescription medication only as directed by the instruction on the original container and with written consent from the parent(s) or guardian.

I agree to give prescription medication only as directed by the authentic prescription label and with written consent from the parent(s) or guardian.

I have reviewed the discipline policy including the acceptable and unacceptable discipline methods with the parent(s) or guardian.

I agree to provide the parent(s) or guardian with the general daily routine of the Family Day Home.

I agree to require written permission from the parent(s) or guardian each time before I take the child on a field trip.

I agree that the Family Day Home has an open-door policy which permits the parent(s) or guardian to visit and pick up the child at any time.

Other agreements or acknowledgments: _____

Child's Place of Birth	Birth Date	Birth Certificate Number	Date Issued
Other Form of Proof of Age & Identity		Date Documentation Viewed	

Signature of Licensed Family Day Provider: _____

Date: _____

Address: _____

Date child withdrawn from home: _____