Christina's Childcare and Preschool

Childcare Contract and Family Information Packet

15716 SE Millmain Dr, Portland, OR 97233 · Phone or text (503) 716-2478 · christinarodriguez1985@gmail.com

How to use this form: open it in any PDF app on your phone or computer, type into the shaded boxes, then save and email it to christinarodriguez1985@gmail.com or bring it with you. If your app cannot save, print it and fill it in by hand.

Childcare Services Agreement

This Childcare Services Agreement ("Contract") is entered into as of the Effective Date below, by and between Christina's Childcare and Preschool ("Provider") and the undersigned parent(s) or legal guardian(s) ("Parent/Guardian").

Effective Date:

1. Parties

Provider: Christina's Childcare and Preschool, Christina Hurtado, Owner

15716 SE Millmain Dr, Portland, OR 97233 · (503) 716-2478 · christinarodriguez1985@gmail.com

Parent/Guardian:

Address:

Phone: Email:

Child(ren):

Date(s) of Birth:

2. Schedule of Childcare Services

Childcare shall be provided on the following days and during the times specified below:

Days: ☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri ☐ Sat ☐ Sun

Drop-off Time: Pick-up Time:

3. Fees and Payment Terms

Payments are due at the beginning of the week. You are paying for your child's spot in advance. Payment will still be made even if your child is out sick or if you call out. If the provider calls out, a credit will be added to care billing. Time starts at the times shown on the paperwork for drop-off and pick-up.

Hourly Tuition: $ Half-day fee: $ Full-day fee: $

Payment Due:

Late Payment Penalty: $ Returned Check Fee: $

Late payment penalty is per day after the due date.

4. Holidays and Scheduled Closures

The Provider will not offer services on the following holidays and closure dates:

- New Year's Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day and the following Friday
- Christmas Day

Other (please specify):

5. Absence and Vacation Policy

- The Parent/Guardian must notify Provider of any absences as early as possible.
- Tuition remains due and payable for all absences unless otherwise agreed to in writing.
- Provider will give advance notice of vacation or personal days, for which no fees will be charged.

6. Termination of Agreement

- Either party may terminate this Agreement by providing 2 weeks' written notice.
- No refunds will be issued for prepaid tuition if proper notice is not given.

7. Policies and Procedures

The Parent/Guardian agrees to abide by all Provider policies and procedures as outlined in the Parent Handbook, including but not limited to health, discipline, nutrition, and arrival/departure rules.

8. Emergency Medical Authorization

In the event of an emergency, the Parent/Guardian authorizes the Provider to obtain any necessary medical attention for the child(ren) as deemed appropriate.

9. Signatures

By signing below, the parties confirm that they have read, understood, and agree to the terms and conditions stipulated in this Agreement.

Parent/Guardian signature (type your full name): Date:

Printed name:

Provider signature: Date:

Preschool Hours, Extended Care, and No-Show Policy

Preschool care hours are from 7:00 a.m. to 5:00 p.m. Extended care outside of these hours may be available only if the provider has availability. Extended hours must be discussed and approved before care is provided to ensure that someone is available.

Families are expected to arrive on time for both scheduled drop-off and pick-up hours. Being on time helps the provider maintain a safe, consistent routine for all children and ensures proper staffing and supervision.

If extended care is approved, payment will be charged out of pocket at a rate of $10.00 per hour. If the family receives state childcare assistance through ERDC, extended care hours may be applied toward ERDC billing when applicable and allowed.

Late pick-up fees will apply when a child is picked up after the scheduled pick-up time or after approved care hours. A late fee of $10.00 will be charged for every 15 minutes, or any portion of 15 minutes, that the child remains in care past the approved pick-up time. Late pick-up fees are the responsibility of the family and must be paid out of pocket unless otherwise approved by the provider.

If a child is more than 30 minutes late without prior communication or approval, the child will be considered a no-show. Families will still be charged for the full scheduled day.

Emergency Contact Procedures

Families must provide current emergency contact information before care begins, including parent/guardian phone numbers and at least one authorized emergency contact who may be reached if the parent or guardian is unavailable. Families are responsible for keeping all contact information updated at all times.

In the event of an illness, injury, emergency, or urgent concern, the provider will first attempt to contact the parent or guardian. If the parent or guardian cannot be reached, the provider will contact the authorized emergency contact listed by the family. If immediate medical attention is needed and the parent, guardian, or emergency contact cannot be reached, the provider may call 911 or seek emergency medical assistance. Families are responsible for any costs related to emergency medical care or transportation.

Schedule Changes

Families must discuss any requested schedule changes with the provider in advance. Schedule changes are not guaranteed and must be approved by the provider based on availability, staffing, and the needs of the childcare program.

Temporary or occasional schedule changes, including early drop-off, late pick-up, additional days, or changes to regular care hours, must be requested before care is provided. Additional fees may apply for approved schedule changes or care outside of the family's regular contracted hours.

Families are responsible for paying for their regular contracted schedule, even if they choose not to use all scheduled hours or days, unless a different arrangement has been approved by the provider in writing.

Absences and Notice

Families must notify the provider as soon as possible if their child will be absent or will not attend care on a scheduled day. Notice should be given before the child's scheduled drop-off time whenever possible.

If a child is absent due to illness, appointment, vacation, family choice, or any other reason, the family is still responsible for payment for the scheduled day unless a different arrangement has been approved by the provider in writing.

Consistent communication about absences helps the provider plan meals, activities, staffing, and the daily schedule for all children in care.

Parent/Guardian Acknowledgment

By signing below, the parent/guardian acknowledges that they have read, understand, and agree to follow the policies listed in this contract.

Parent/Guardian signature (type your full name): _____ Date: _____

Printed name: _____

Transportation, Medication, and Allergy Plans

Transportation Agreement

Parents/guardians are responsible for making sure their child is dropped off and picked up on time according to the agreed childcare schedule. Children will only be released to a parent/guardian or an authorized pick-up person listed by the family.

If the parent/guardian is not on time for pick-up and cannot be reached, the provider will contact the authorized emergency contacts in the order listed by the family. The family must keep all pick-up and emergency contact information current at all times.

Authorized Pick-Up Person(s), with phone numbers:

Emergency Contact to call if Parent/Guardian is unavailable:

Medication Plan

Medication will only be given to a child with written permission from the parent/guardian and according to the medication instructions provided. Medication must be in its original container, clearly labeled with the child's name, medication name, dosage, and instructions.

Parents/guardians must provide clear written instructions for when and how the medication should be given. The provider will not give medication that is expired, not properly labeled, or not approved in writing by the parent/guardian.

Child's Name: Medication Name:

Dosage: Time(s) to Give: Reason:

Allergy Plan

Parents/guardians must inform the provider of any allergies before care begins and must update the provider immediately if allergy information changes. Allergy information should include the child's allergy, symptoms to watch for, foods or items to avoid, and what steps should be taken if the child has a reaction.

If a child has a severe allergy or requires emergency medication, the family must provide a written allergy action plan and any required medication before the child attends care. In the event of a serious allergic reaction, the provider may contact the parent/guardian, emergency contact, medical provider, or 911 as needed.

Child's Allergy/Allergies: Symptoms:

Items/Foods to Avoid: Action Steps if Reaction Occurs:

Emergency Medication Needed: ☐ Yes ☐ No

Parent/Guardian Acknowledgment

By signing below, the parent/guardian acknowledges that they have read, understand, and agree to follow the policies listed in this contract.

Parent/Guardian signature (type your full name): Date:

Printed name:

Child Information Page

Child Information

Child's Full Name: Date of Birth:

Age: Start Date: Primary Language:

Home Address:

Special Instructions or Notes:

Family Information

Parent/Guardian 1 Name: Phone:

Email:

Parent/Guardian 2 Name: Phone:

Email:

Authorized Pick-Up Person(s): Relationship to Child:

Phone Number:

Doctor and Medical Information

Child's Doctor/Clinic Name: Doctor/Clinic Phone:

Medical Insurance Provider: Policy/Member Number:

Preferred Hospital:

Known Allergies, Medical Conditions, or Medications:

Special Medical Needs

Parents/guardians must inform the provider of any special medical needs before care begins. This includes medical conditions, physical limitations, ongoing treatments, required equipment, dietary restrictions, therapy needs, or any health-related instructions needed to keep the child safe while in care.

Special Medical Need or Condition, and instructions for care:

Equipment or Supplies Needed:

Families are responsible for providing all required supplies, written instructions, and updates if the child's medical needs change. The provider and family will discuss the child's needs together to make sure the provider can safely meet the child's care requirements.

Emergency Contact Information

Emergency Contact 1 Name: Relationship to Child:

Phone Number:

Emergency Contact 2 Name: Relationship to Child:

Phone Number:

If the parent/guardian cannot be reached in an emergency, the provider will contact the emergency contacts listed above in order. If immediate medical attention is needed, the provider may contact 911 or seek emergency medical care.

Emergency Evacuation Procedures

In the event of an emergency that requires evacuation, such as a fire, natural disaster, unsafe building condition, or other serious safety concern, the provider will safely evacuate all children from the childcare area and follow the emergency plan as quickly and calmly as possible.

Parents/guardians will be contacted as soon as it is safe to do so. If the parent/guardian cannot be reached, the provider will contact the emergency contacts listed by the family in the order provided.

Emergency Meeting Location: Parklane Park

Alternate Pick-Up/Reunification Location: Parklane Church

Families are responsible for keeping all emergency contact and authorized pick-up information current so the provider can reach the appropriate person quickly during an emergency.

Fire Drill Schedule

Fire drills will be practiced on a regular basis to help children learn what to do in case of an emergency. Drills will be conducted in a calm and age-appropriate way so children can become familiar with evacuation routines.

Fire Drill Schedule: 15th of every month. Evacuation Meeting Location: Childcare Home Preschool.

The provider will review and update the fire drill schedule as needed. Families may request information about the emergency drill procedures at any time.

Severe Weather Procedures

In the event of severe weather, such as high winds, severe storms, heavy snow, ice, extreme heat, poor air quality, or other unsafe weather conditions, the provider will follow safety procedures to keep children safe while in care.

If severe weather creates unsafe conditions for travel, drop-off, pick-up, or continued care, the provider may delay opening, close early, or close for the day. Families will be notified as soon as possible by phone, text, or other agreed communication method. Families are responsible for picking up their child as soon as possible if an early closure is required. If the parent/guardian cannot be reached, the provider will contact the authorized emergency contacts listed by the family.

Parent/Guardian Acknowledgment

By signing below, the parent/guardian acknowledges that they have read, understand, and agree to follow the policies listed in this contract.

Parent/Guardian signature (type your full name): Date:

Printed name:

Child Enrollment Authorization

Oregon requires this information for every child in care. This is the Oregon Office of Child Care enrollment form (TA-806), reproduced here so you can type into it. Please answer every line.

Child's Name (Last, First): Child Nickname:

Date of Birth: Date Entered Care: Age at Entry:

ALLERGY ALERT Does your child have allergies? Yes No

If yes, list all allergies in the Child Medical Information section on the next page.

Parent or Guardian Contact Information

Parent or Guardian 1

Name (First, Last): Relationship:

Home Address (Street, City, Zip):

Home Phone: Cell Phone: Email Address:

Employer and Work Hours: Address (Street, City, Zip): Work Phone:

Parent or Guardian 2

Name (First, Last): Relationship:

Home Address (Street, City, Zip):

Home Phone: Cell Phone: Email Address:

Employer and Work Hours: Address (Street, City, Zip): Work Phone:

Required Emergency Contact Information

A person other than a parent or guardian who is authorized to pick up the child.

Name (First, Last): Phone: Relationship:

Name (First, Last): Phone: Relationship:

Non-Emergency Contact Information

A person other than a parent or guardian who is authorized to pick up the child.

Name (First, Last): Phone: Relationship:

Name (First, Last): Phone: Relationship:

Medical/Dental Contact Information

Insurance Provider and Policy Information (if applicable):

Primary Physician Name: Phone:

Dental Provider: Phone:

Parent or Guardian Authorization

Please list any restrictions to permission of the following:

Restrictions:

My child may be taken on field trips or excursions by bus or private motor vehicle, as well as on neighborhood walking excursions under required supervision (see PR-0188 special transportation arrangement form).

☐ Yes ☐ No

My child may participate in swimming (OCC requires approved lifeguard) or other water activities under required supervision.

☐ Yes ☐ No

My child may be photographed for publicity or news purposes.

☐ Yes ☐ No

This applies to: ☐ On-site ☐ Off-site photography

In an emergency, the child care facility has my permission to call an ambulance, or take my child to any available physician or hospital at my expense to obtain medical treatment. In most emergencies, 911 is called and the child is transported to the nearest hospital and treated by the on-call physician. The parent or guardian of the child is notified as soon as possible.

Parent/Guardian Signature (type your full name): Date:

Child Information

Has your child previously been in child care? ☐ No ☐ Yes

If yes, what type of care and for how long?

Reason for requesting care:

Child General Information

Please include all information that will assist us in providing quality care for your child.

Likes and dislikes:

Eating habits and schedule:

Toileting habits and schedules:

Sleeping habits and schedule:

Play:

Fears:

How does your child like to be comforted when upset?

Child's home language:

Special words and their meanings:

Family cultural backgrounds, traditions, beliefs, or interests you would like to share:

Does your child have any educational special needs (IFSP, etc.)? ☐ No ☐ Yes

If yes, list any health partners or providers you would like us to know about:

Child Medical Information

Does your child have special medical needs? ☐ No ☐ Yes

If yes, list any health partners or providers you would like us to know about:

Does your child have allergies? ☐ No ☐ Yes

If yes, list below:

Has your child had chicken pox? ☐ No ☐ Yes

Other Children in the Home

Name (First, Last): Age: Gender:

Name (First, Last): Age: Gender:

Name (First, Last): Age: Gender:

Name (First, Last): Age: Gender: