Childcare Outside Business Hours Agreement

Larysa’s Home Daycare • Chichester, New Hampshire

FAMILY COPY

Please complete this agreement before the first childcare arrangement outside business hours. It records the rates, health information, emergency permissions, and family preferences, and remains on file for future bookings. Please notify the provider whenever any information changes.

Family Details

PARENT / GUARDIAN NAME(S)

Child 1

CHILD’S FULL NAME

DATE OF BIRTH (MM/DD/YYYY)

Child 2

CHILD’S FULL NAME

DATE OF BIRTH (MM/DD/YYYY)

Child 3

CHILD’S FULL NAME

DATE OF BIRTH (MM/DD/YYYY)

This is an ongoing agreement. Childcare dates and times will be arranged separately for each booking, so this form does not need to be completed again unless information changes.

Rates, Booking & Payment

SCHEDULED START TIME	ONE CHILD	EACH ADDITIONAL CHILD
Before 5:00 PM	$23 / hour	+ $3 / hour
At or after 5:00 PM	$26 / hour	+ $3 / hour
Parents' Night Out — scheduled days, 5:30 PM to 8:00 PM	$50 / night	$50 / child / night

Three-hour minimum for hourly bookings. The applicable hourly rate is based on the scheduled start time and applies to the full time the child or children are in the provider's care. Parents' Night Out is a separate scheduled 5:30 PM to 8:00 PM flat-rate option at $50 per child.

Payment is due at pickup unless another arrangement is made in writing before care begins.

AGREED PAYMENT METHOD

ESTIMATED TOTAL / NOTES

Emergency Contacts

PARENT / GUARDIAN 1 — PHONE

PARENT / GUARDIAN 2 — PHONE

Emergency contact

NAME

RELATIONSHIP

PHONE

BEST NUMBER DURING CARE

SECONDARY NUMBER

A parent or guardian must remain reachable during the scheduled care period and must notify the provider promptly if contact information changes.

Authorized Pickup Persons

Only the people listed below may pick up the child or children. Anyone not listed must be approved by the parent or guardian in advance and may be required to show photo identification.

Person 1

NAME

PHONE

Person 2

NAME

PHONE

Person 3

NAME

PHONE

PERSON(S) EXPRESSLY NOT AUTHORIZED TO PICK UP, IF APPLICABLE

The provider will not release a child to an unauthorized person. If custody or protective-order restrictions apply, the parent or guardian should provide the provider with current written documentation before care begins.

Transportation & Outings

- ■ No transportation or off-site outings are authorized.
- ■ Authorized only as described below.

APPROVED DESTINATION / ACTIVITY / TRANSPORTATION DETAILS

Any transportation or outing not described above requires separate parent or guardian approval.

Health, Medication & Emergencies

Medical & allergy information

ALLERGIES (INCLUDING REACTION AND RESPONSE PLAN)

FOOD ALLERGIES / DIETARY RESTRICTIONS

MEDICATIONS

MEDICAL CONDITIONS, DEVELOPMENTAL NEEDS, OR OTHER SPECIAL CONSIDERATIONS

PEDIATRICIAN

PEDIATRICIAN PHONE

PREFERRED HOSPITAL

HEALTH INSURANCE / OTHER EMERGENCY INFORMATION (OPTIONAL)

Medication: medication will be given only when the provider has agreed in advance and receives written instructions. Medication should be supplied in its original labeled container with the child's name and dosing directions.

Emergency medical authorization

If I cannot be reached immediately, I authorize the provider to contact emergency services and seek reasonably necessary emergency medical care for my child or children. I understand that the provider will make reasonable efforts to contact me and that I am responsible for medical costs not covered by insurance.

PARENT / GUARDIAN SIGNATURE

DATE

Daily Care Instructions

Food, feeding & routines

Unless otherwise arranged, the parent or guardian will provide any formula, breast milk, specialty foods, or other items required for the child's individual needs.

DIETARY RESTRICTIONS / PREFERENCES / FEEDING INSTRUCTIONS

NAP / REST INSTRUCTIONS

DIAPERING / TOILETING INSTRUCTIONS

COMFORT ITEMS, ROUTINES, FEARS, OR CALMING STRATEGIES

OTHER IMPORTANT INSTRUCTIONS

Cancellation Policy

Please notify the provider as soon as possible if plans change. At least 24 hours' notice is requested for cancellations. If the provider must cancel due to illness, emergency, or circumstances outside her control, the family will not be charged for canceled care.

Arrival & Departure Notes

WHO WILL DROP OFF?

WHO WILL PICK UP?

OTHER SCHEDULE OR HANDOFF DETAILS

Illness Policy

For the health and safety of everyone in care, a child should not attend when symptoms require the child to remain home, may be contagious, or prevent comfortable participation in normal activities. The parent or guardian will notify the provider as soon as possible about a contagious illness or known exposure. If a child becomes ill or needs care beyond what the provider can safely provide, the parent or guardian will arrange prompt pickup. The provider may decline or end care when illness, injury, or safety concerns make group or home care inappropriate.

FAMILY-SPECIFIC ILLNESS OR COMFORT NOTES

Safety & Household Expectations

The parent or guardian will disclose information that may affect safe care, including allergies, medical needs, behavioral support needs, and relevant custody restrictions. The provider may contact the parent or guardian for early pickup if a child's behavior or needs create an immediate safety concern that cannot be managed safely. Care instructions must be safe, age-appropriate, and agreed upon before care begins.

ADDITIONAL AGREED SAFETY NOTES

Agreement & Signatures

Parent / guardian agreement — by signing below, I confirm that:

- The information I provided is accurate and complete to the best of my knowledge.
- I understand the rates, three-hour minimum, payment timing, cancellation policy, illness expectations, and pickup authorization in this agreement.
- I will promptly notify the provider whenever contact, health, custody, pickup, or care information changes.
- This ongoing agreement remains in effect for future childcare bookings outside business hours until it is replaced or ended in writing.
- Dates and times will be arranged separately for each booking.
- Signing this agreement does not guarantee future availability. Each additional booking remains subject to provider confirmation.

PARENT / GUARDIAN SIGNATURE

_____

DATE

_____

PRINTED NAME

_____

PROVIDER SIGNATURE – LARYSA EISENER

_____

DATE

_____