# new logo

# Sample Childminding Covid 19

# Contract between Childminder & Parent

**Childminder Contact Details**

Name of Childminder:

Address:

 ….

Phone Number: …………………………………………Mobile no:………………………………………

**Parent/Guardian Contact Details**

 Parent/Guardian 1: ……………………………………Parent/Guardian 2…………………………………………

Address: ………………………………. ………………………………………………….

 ………………………………. …………………………………………………

 ………………………………… …………………………………………………

Phone no: …………………………… Phone no:…………………….

Emergency Contact Name:

Contact Number:

Name of Child:

Address (if different from above): ………

**Collection:**

Child/ren will be collected by (include names and relationship to the Child.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The Child/ren will not be handed to any other person, unless prior instruction has been given personally to the Childminder.

**Childminding start date / /**

 **Mornings Afternoons Evening/Overnight**

Monday Start­­\_\_\_\_ Finish\_\_\_\_ Start­­\_\_\_\_ Finish\_\_\_\_ Start­­\_\_\_\_ Finish\_\_\_\_

Tuesday Start­­\_\_\_\_ Finish\_\_\_\_ Start­­\_\_\_\_ Finish\_\_\_\_ Start­­\_\_\_\_ Finish\_\_\_\_

Wednesday Start­­\_\_\_\_ Finish\_\_\_\_ Start­­\_\_\_\_ Finish\_\_\_\_ Start­­\_\_\_\_ Finish\_\_\_\_

Thursday Start­­\_\_\_\_ Finish\_\_\_\_ Start­­\_\_\_\_ Finish\_\_\_\_ Start­­\_\_\_\_ Finish\_\_\_\_

Friday Start­­\_\_\_\_ Finish\_\_\_\_ Start­­\_\_\_\_ Finish\_\_\_\_ Start­­\_\_\_\_ Finish\_\_\_\_

Saturday Start­­\_\_\_\_ Finish\_\_\_\_ Start­­\_\_\_\_ Finish\_\_\_\_ Start­­\_\_\_\_ Finish\_\_\_\_

**Childminding Details**

**Childminder to provide:**

Breakfast □ Lunch □ Snacks □ Dinner □

 Other □ Specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The cost of providing food is / is not included in the fees

**Parent to provide:**

Nappies □ Food □

Change of clothes □ Baby toiletries □

Sun screen □

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cost of transport, outings to be covered by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Payment**

**Electronic payment is preferred. My bank details are:**

**IBAN…………………………………..**

**BIC…………………………………….**

**Bank Name……………………………**

**Bank Address……………………………………………………………………..**

Rate of pay is € \_\_\_\_\_\_\_ per hour per child

Payment to be paid weekly in advance every Thursday

**Fee for late pick-up:** € \_\_\_\_\_\_\_

Non-refundable deposit of €\_\_\_\_\_\_\_ required.

**Holidays**

**Childminder Annual holidays:**

Number of days paid holiday per year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Including public holidays

Notice of annual leave given \* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent Annual Holidays**

Number of days paid holiday per year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notice required of annual leave: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Other Holidays:**

 **Bank Holidays Occasional day/s off (Parent) Occasional day/s off (Childminder)**

 Fee Y/N Fee Y/N Fee Y/N

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Sickness:**

Children should not attend if they have symptoms of Covid-19 or any other contagious illness.

 **Fees to be paid in the event of Childminder sickness Y/N**

 **Parent sickness Y/N**

 **Child sickness Y/N**

**Contract review**

This contract will be reviewed every\_\_\_\_\_\_\_\_\_\_\_

Next review date: \_\_\_\_\_\_\_\_\_\_\_

**Notice to end the Childminding Arrangement.**

The required notice period from **either** party is \_\_\_\_\_\_\_\_\_. Payment in lieu of notice is payable to the Childminder where the notice period agreed is not complied with.

**Parental Declaration during Covid-19:**

1. My child/ren will not attend this service if they or someone in our household has symptoms. Children with runny noses may still attend once they are otherwise well, do not have a new cough or temperature, no one in their household is a confirmed case or has been referred for testing.
2. If my child becomes newly unwell, such as with a runny nose, then I will take a precautionary approach to observe them at home for 48 hours, to assess whether any further symptoms develop. I will discuss any symptoms of concern with my GP.
3. If my child becomes symptomatic, I will collect them and contact our doctor. If testing is arranged for my child, I understand that local public health staff will be in touch with me where a test is positive. I also understand that local public health staff will be in touch with the childminding setting in relation to what steps are required for me, the service and other families. I will comply with the advice provided by my GP/local public health.
4. I have read (Childminders Name) Infection Control Policy and agree to adhere to it
5. I will provide a spare set of clothes and other essential items which must remain in the childminding setting
6. I will not allow toys from home to be brought to the childminding setting at this time
7. I agree to commit to the HSE advice to ensure risks are avoided.
8. I consent to my child/ren attending your service and mixing with other families supported by their childminder.
9. I will inform (childminders name) if my child/ren have symptoms of Covid 19
10. I am aware that this service may have to shut immediately, subject to public health advice, if any person reports symptoms of Covid 19.
11. I am aware that I may also be asked to self-isolate or restrict my movement, again subject to public health advice
12. If soft toys /comfort blankets are essential for my child, they will be personal to my child, will be machine washable and they cannot be shared.

**Please state if you or your child been in contact with anyone who presented or tested positive for Covid 19 Y/N**

**Childminder’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent or Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**