Sample Care Provider/Family Contract - COPY TO CUSTOMIZE

Family:

Name:
Family members (please include children's date of birth):
Home Address:
Phone:
Email:
Best way to communicate:

Care provider:

Name:
Phone:
Email:
Best way to communicate:

Contract start date:

Contract end date:

Weekly schedule:

Please list arrival and departure times per day:

Monday:

Tuesday:

Wednesday:

Thursday:

Friday:

Saturday:

Sunday:

Total weekly hours:

Hourly rate:

Additional pay (overtime) per hour:

- **The Family will issue payment using ___ via __ on ___(frequency)**
  **We recommend using a payroll service such as Poppins Payroll and issue payments weekly or bi-weekly.*

- **The Care Provider [will or will not] use their own vehicle to transport the Family's children.** The Family will compensate at ___ per mile. The Care Provider must track and report mileage to the Family on a ___ basis.

For full-time positions:

- **The Care Provider will receive ___ sick days per pay period.** **Please note whether they are hours or sick days.*

- **The Care Provider will receive ___ days of paid vacation.** **Please note how the care provider should request vacation time, as well as how much notice should be given.*

- **The Care Provider will receive the following paid days off:**
  **Review public holiday closures and coordinate around work schedule(s).*

- **The Family [will or will not] provide a health insurance** stipend. If a health insurance stipend is offered, the family will pay the Care provider a stipend of ___ to purchase health insurance through the HealthCare Marketplace.

Daily responsibilities, tasks & rules:

All responsibilities and expectations, including childcare tasks, pet care, transportation, meal preparation, house rules (such as screen time limit, bedtime), etc. *Family and Care Provider to initial each responsibility, expectation, and house rule listed.*

By signing this agreement, the Care Provider agrees to the terms and conditions as outlined in this agreement.

Name: _____
Signature: _____
Date: _____

By signing this agreement, the Family agrees to the terms and conditions as outlined in this agreement.

Name: _____
Signature: _____
Date: _____