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:
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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 ir his agreement.
Name:
Signature:
Date: