

Employee / Provider Contract

- I have read the Child's Play & Learn Handbook and agree to comply with all policies and procedures.
- I understand that in addition to these policies, the following is also expected:
 - To arrive ready to work at my scheduled time and be prepared to stay until my shift is over.

If there are not enough children present to warrant an assistant I will be asked to sign out early.

I will receive a minimum of 1 hour pay for each scheduled day, even if the provider does not have enough work for me to stay 1 hour.
 - Assist with infant feedings and diaper changes.
 - Prepare meals as directed.
 - Assist with clean up duties and proper sanitation.
 - Assist with field trips (i.e. library, school playground, neighborhood walks).
 - Assist with preparation of daily crafts and activities and supervise these times as directed.
 - Keep all client information confidential.
 - Wear child friendly clothing and accessories.
 - Personal communication needs to be done before/after work when possible.
 - Any reporting of accidents/incidents to parents needs to be communicated to Dannise Yates and documented appropriately.
 - If I leave Child's Play & Learn and begin working at another child care or _____ (center name) open my own child care within 1 year of my last day of employment, I will be required to reimburse the provider for all training paid for on my behalf. In the case that I would open my own child care after termination of employment with _____, I agree not to enroll any client of _____ for a period of 1 year without prior approval of the licensed provider.
- My starting wage will be \$_____/hour when assisting and \$_____/hour when providing substitute care. It is considered substitute care when the provider has left the property. If the provider is still on the premises and available upon request, that is considered assistant hours.
- I will be required to complete training hours as required by the State of _____ for persons working in a licensed child care facility. Training will be paid by the employer, provided that it is approved by the licensed provider prior to registration.
- Additionally I request:

Employee Signature

Date

Provider Signature

Date
