



## 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): .....	
<b>Collection:</b> Child/ren will be collected by (include names and relationship to the Child.)	
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The Child/ren will not be handed to any other person, unless prior instruction has been given personally to the Childminder.	

**Childminding start date**     /     /

	<b>Mornings</b>	<b>Afternoons</b>	<b>Evening/Overnight</b>
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.
2. 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.
3. I have read (Childminders Name) Infection Control Policy and agree to adhere to it
4. I will provide a spare set of clothes and other essential items which must remain in the childminding setting
5. I will not allow toys from home to be brought to the childminding setting at this time
6. I agree to commit to the HSE advice to ensure risks are avoided.
7. I consent to my child/ren attending your service and mixing with other families supported by their childminder.
8. I will inform (childminders name) if my child/ren have symptoms of Covid 19
9. I am aware that this service may have to shut immediately, subject to public health advice, if any person reports symptoms of Covid 19.
10. I am aware that I may also be asked to self-isolate or restrict my movement, again subject to public health advice
11. 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:** \_\_\_\_\_