



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.
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 in relation to any action I need to take. 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.

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:**_____