



## CHILD CARE ASSISTANCE PROGRAM

Division of Public Assistance  
Child Care Program Office

Office Use Only

### IN-HOME CHILD CARE PARENT/CAREGIVER AGREEMENT

**FAMILY/EMPLOYER INFORMATION:** As the family hiring an In-home caregiver I am the caregiver's employer. I may allow my employee to bring their own children to my home while caring for my children only if there will be five or fewer children in care, including all of the children in my family who are younger than 13 years of age.

Printed Parent Name (First/Middle/Last): \_\_\_\_\_

Social Security Number or EIN: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Number of children under 13 years of age in my family: \_\_\_\_\_

**CAREGIVER/EMPLOYEE INFORMATION:** As the employee of the family I can only bring my child(ren) with me while caring for the family's children with permission from the employer. I understand I may bring my own children with me to the family's home only if there will be five or fewer children in care, including all of the children in the family who are younger than 13 years of age.

Printed Caregiver Name (First/Middle/Last): \_\_\_\_\_

Social Security Number or EIN: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Name(s) and age(s) of my child(ren) I may bring to the family's home: \_\_\_\_\_

As the employer of the above identified caregiver, I approve for the caregiver to bring the child(ren) listed above to my home while caring for my own child(ren). I will ensure there are no more than five children, younger than 13 years of age in care.

\_\_\_\_\_  
Employer (Parent) Printed Name

\_\_\_\_\_  
Employer (Parent) Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee (Caregiver) Printed Name

\_\_\_\_\_  
Employee (Caregiver) Signature

\_\_\_\_\_  
Date