CHILD CARE ASSISTANCE PROGRAM

Division of Public Assistance
Child Care Program Office
http://dhss.alaska.gov/dpa/Pages/ccare

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.

Print 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.

Print Caregiver Name (First/Middle/Last): _____

Social Security Number or EIN:_____

Physical Address:_____ City:_____ Zip:_____

Name(s) and age(s) of my child(ren) bringing 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 children. 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