



Early Care and Education... where our future begins

**HEALTH CARE CONSULTANT SERVICES
PROGRAM AGREEMENT**

Name: _____

Organization: _____

Address: _____

City / State / Zip: _____

Phone #: _____ Fax: _____ Email: _____

Modality: (Please check one & enter information)	License / Registration #	License Renewal Period	Name of Licensor / Registrar
Family Child Care Provider	_____	_____	_____
Group Family Child Care Provider	_____	_____	_____
Child Care Center	_____	_____	_____
School Age Child Care Program	_____	_____	_____

Services Provided:

- Assistance in developing a health care plan that reflects program specific needs and meets best practice standards
- Provide supplemental resource & reference materials
- Review and approval of the entire health care plan and other documents related to the program’s medication administration policy
- Assistance with developing medication procedures for your site
- At least one site visit with follow-up consultation

Fee schedule: (Please check one according to modality & membership status)

Member Price	Non-Member
Family Child Care Provider - \$60	Family Child Care Provider - \$75
Group Family Child Care Provider - \$90	Group Family Child Care Provider - \$115
Child Care Center - \$180	Child Care Center - \$220
School Age Program - \$180	School Age Program - \$220

- Receive a \$25 discount for each additional site

Optional package: Additional fee of \$25

Includes all services provided above plus:

- Health care plan in a binder with tabs identifying each topic area
- Health care plan copied & mailed to licensor / registrar
- All health care plan updates, including copied & mailed to licensor / registrar
- Easy & convenient approval process and transfer of required information to your licensor / registrar
- Training Certificate for one hour of training covering four topic areas

This is a double-sided form

- All fees are to be submitted with completed Agreement and are non-refundable.
- This Agreement must be renewed every two years from the start date of your Licensing / Registration period.

Payment Information:

Fee for HCC Service Agreement: \$ _____

Less Multi-Site Discount (if applicable): Minus \$ _____

Fee for Optional Package (if applicable): Plus \$ _____

Total Fee Enclosed: \$ _____

Method of payment:

(Check One)

Check / Money Order made payable to Child Care Council of Westchester, Inc.

Credit card: Visa / Master Card (Please circle one)

Name as it appears on credit card: _____

Credit card #: _____ Expiration date: _____

Billing address (include zip code) _____

Signature: _____

The Child Care Council of Westchester carries liability insurance, and, upon receipt of written request, will arrange for the contracting child care program to be provided with a certificate naming said agency as an additional insured party by its insurance carrier.

Notwithstanding the foregoing, the contracting child care program hereby agrees to hold harmless and to indemnify the Child Care Council of Westchester, its employees, officers, directors, successors and assigns, as well as its insurance carrier, from any claims, lawsuits, administrative proceedings that may result from any failure, errors, omissions, whether intentional, reckless, or accidental, of the contracting child care program in carrying out the health care plan and medication procedures developed as part of the consultant services provided by the Child Care Council as well as any such failure, errors or omissions, whether intentional, reckless, or accidental, of said contracting child care program in carrying out any additional recommendations provided by the Child Care Council.

This Health Care Consultant Services Program Agreement contains the entire agreement of the parties and may not be modified, amended or rescinded, except by a writing signed by or on behalf of all parties. This Agreement alone fully and completely expresses the parties' agreement, and all prior and contemporaneous communications, understandings and agreements are merged herein.

My signature indicates that I have read, understand, and accept all responsibilities, terms and conditions listed on this Agreement and in the HCC Agreement Process document.

 Applicant's Name (Printed)

 Signature

 Date

This is a double-sided form