



**HEALTH CARE CONSULTANT SERVICES
PROGRAM AGREEMENT**

Name: _____

Agreement: _____ Initial _____ Renewal

Program Information

Program Name: _____

Site Address: _____

Mailing Address: _____

City / State / Zip: _____

City / State / Zip: _____

Main Office Phone #: _____

Site Phone #: _____

Fax#: _____ Email: _____ Website: _____

Modality: (Check one & enter information)

- Family Child Care Provider Group Family Child Care Provider Child Care Center School Age Child Care Program

License/Registration #

License/Registration Expiration Date

Name of Licensor/Registrar

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) **Receive a 50% discount for each additional site**

- **There will be an additional \$50 fee for programs when there is a change in director**

Member Price

- Family Child Care Provider - \$100
- Group Family Child Care Provider - \$130
- Child Care Center - \$220
- School Age Program - \$220

Non-Member

- Family Child Care Provider - \$125
- Group Family Child Care Provider - \$165
- Child Care Center - \$270
- School Age Program - \$270

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 copies & mailed to licensor/registrar
- Easy & convenient approval process and transfer of required information to your licensor/registrar

- All fees are to be submitted with completed Agreement and are non-refundable.
- **AGREEMENT MUST BE RENEWED EVERY TWO YEARS**

Payment Information:

- Fee for HCC Service Agreement: \$ _____
- Fee for Optional Package (if applicable): \$ _____
- Multi-Site Discount (50% discount for each additional site): Minus \$ _____
- 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/AMEX (Please circle one)

Name as it appears on credit card: _____

Credit card #: _____ CVV#: _____ 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 Services Agreement Process Document.

Applicant's Name (Printed)

Signature

Date