

CHILD CARE AGREEMENT

First		Middle		Last							
Child's name:											
First		Middle		Last							
Parent or Guardian name:											
Days and times my child will receive care:											
Check days of care	<input type="checkbox"/> Sunday	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday				
Arrival time											
Departure time											
FEE: \$ _____ per:			Date payment due:								
<input type="checkbox"/> Hour <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month			Source of payment:								
			<input type="checkbox"/> Parent <input type="checkbox"/> Other (specify): _____								
Overtime rate: \$ _____ per:			Late fee: \$ _____ per:								
<p>I agree to promptly notify the child care provider of any changes of the above information. I understand that I am fully responsible for the terms of this agreement as stipulated.</p> <p>I have read, understand and agree to comply with the policy and procedures and information for parents given to me by:</p>											
Name of Licensee											
Parent or guardian signature			Date			Parent or guardian signature			Date		
<p>I agree to provide child care services according to the above plan. I agree to promptly notify the parents or guardians of any changes to above information.</p>											
Licensee signature						Date					
Street Address				City		State		Zip code			
Comments											