

CHILD CARE AGREEMENT

Child's name:		First	Middle	Last			
Parent or Guardian name:		First	Middle	Last			
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:		<input type="checkbox"/> Hour <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month		Date payment due:			Source of payment: <input type="checkbox"/> Parent <input type="checkbox"/> Other (specify):
Overtime rate: \$_____ per:		Late fee: \$_____ per:					
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.							
I have read, understand and agree to comply with the policy and procedures and information for parents given to me by:							
Name of Licensee							
Parent or guardian signature		Date		Parent or guardian signature		Date	
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.							
Licensee signature				Date			
Street Address		City		State		Zip code	
Comments							