Child Care Agreement

First Middle Last		
Child's name: First Middle Last		
Parent or guardian name:		
First Middle Last Parent or guardian name:		
Days and times my child will receive care:		
Check days of care Sunday Monday Tuesday Wednesday Thursday Friday	Saturday	
Arrival time		
Departure time		
Fee: \$ per:		
☐ Hour ☐ Day ☐ Week ☐ Month Source of payment: ☐ Parent ☐ Other (specify):		
Overtime rate: \$ per Late fee: \$ per		
Other Fees: \$ Description:		
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	ite	
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		