**Provider / Parent Written Payment Agreement**

**Instructions:** The provider must retain a copy of each current written payment agreement at the location where child care is provided.

The provider must retain a copy of an expired written payment agreement for 3 years after the agreement is terminated and the child no longer attends. The expired agreement may be kept at a location where it can be made available to the Department of Children and Families within 24 hours.

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **This Agreement is Between** | | | | | | | |
| Business / Provider Name  Little Lambs Family Daycare | | | | | Provider Number / Location Number  4000591954 / 001 | | |
| Provider Address  5622 S Swift Ave, Cudahy, WI, 53110 | | | | | | Provider Phone Number  414-306-4121 | |
| Parent Name (Last, First, MI) | | | | | | | |
| Second Parent Name (Last, First, MI) | | | | | | | |
| **For the Care of** (if more than 3 children complete on separate sheet) | | | | | | | |
| *Example:* | | | | | | | |
| Child Name  *Jones, Sally, A.* | | Date of Birth  *10/04/2015* | Child Care Price  *$150.00 per week* | | | Payment Schedule  *Weekly, on or before Friday* | |
| A. | Child Name (Last, First, MI) | | | | | Date of Birth (mm/dd/yyyy) | |
| Child Care Price (choose one)  $      per month  $      per week  $      other (specify) | | | Payment Schedule (choose one)  Monthly, on or before       (Date of Month)  Weekly, on or before       (Day of Week)  Other (specify) | | | |
| B. | Child Name (Last, First, MI) | | | | | Date of Birth (mm/dd/yyyy) | |
| Child Care Price (choose one)  $      per month  $      per week  $      other (specify) | | | Payment Schedule (choose one)  Monthly, on or before       (Date of Month)  Weekly, on or before       (Day of Week)  Other (specify) | | | |
| C. | Child Name (Last, First, MI) | | | | | Date of Birth (mm/dd/yyyy) | |
| Child Care Price (choose one)  $      per month  $      per week  $      other (specify) | | | Payment Schedule (choose one)  Monthly, on or before       (Date of Month)  Weekly, on or before       (Day of Week)  Other (specify) | | | |
| This payment does not include extra charges that may be incurred for items including field trips/special events, as agreed upon in advance. Parents are responsible for paying the difference between the subsidy amount and the cost of care. | | | | | | | |
| **Parent and Provider Agreed Upon Start Date** | | | | | | | |
| **Provider’s Days and Hours of Operation (as of date)** Refer to Handbook | | | | | | | |
| **Provider’s Policy for Deposits or Holding a Slot** Refer to Information Regarding the Holding Fee Document | | | | | | | |
| **Provider’s Anticipated Closure Dates and Policy for Payment during Closures** Refer to Handbook | | | | | | | |
| **Provider’s Policy, and Payment Expectations, for Expected Child Absences** Note: Expected absences are those reported in advance by the parent, including vacations or appointments Refer to Handbook | | | | | | | |
| **Providers’ Policy, and Payment Expectations, for Unexpected Child Absences** Note: Unexpected absences are those not reported in advance, including sick days or no-shows Refer to Handbook | | | | | | | |
| **Provider’s Payment Dispute Policy** Refer to Handbook | | | | | | | |
| **Provider’s Reasons and Procedures for Termination/Expulsion of a Child(ren)** Refer to Handbook | | | | | | | |
| **Parent’s Procedures for Termination/Disenrollment of a Child(ren)** Refer to Handbook | | | | | | | |
| **Discounts or Scholarships Available to Parents/Children (such as sibling discount, etc.)** N/A | | | | | | | |
| **Discounts or Scholarships Parents/Children Received and Amount of Discount** N/A | | | | | | | |
| **Provider Fees** Refer to Handbook | | | | | | | |
| **Miscellaneous** Examples Include: Child’s Anticipated Daily Schedule, Drop-Off and Pick-Up Times, Other Policies | | | | | | | |
| **ATTESTATION** By signing this agreement, providers and parents agree to abide by the agreement and written policies of the provider. The provider may amend the policies by giving the parents a copy of the new or changed policy. | | | | | | | |
| Provider Contact Name  Maria Huolihan | | | | | | | |
| Provider Contact **SIGNATURE**  Maria Huolihan | | | | | | | Date Signed (mm/dd/yyyy)  05/16/2025 |
| Parent Name | | | | | | | |
| Parent **SIGNATURE** | | | | | | | Date Signed (mm/dd/yyyy) |