



HANDS FINANCIAL CONTRACT FOR CHILDCARE

If this is a two-parent household, both parents must sign financial contract.
Parties that sign are financial responsible for all charges incurred on the account.

CHILD'S INFORMATION

School Year: _____ Grade: _____ Elementary School Attending _____
Child's Legal Name: _____ Male Female Date of Birth: _____
Child Lives With: _____ Relationship to Child: _____
Siblings Enrolled in HANDS: _____

PRIMARY PAYER (this payer is where correspondence will be mailed to)

Full Legal Name: _____
Address: _____ City: _____ State/Zip: _____
Date of Birth: _____ Social Security #: _____
Cell Phone include area code: (_____) _____ Mobile Carrier _____
Employer: _____ Work Phone: (_____) _____
Email: _____

Marital Status: Married Single Divorced Separated Widowed Other _____

Relationships to Child: Mother Father Grandparent Foster Parent Other _____

Mark All that Apply: Child Lives With Emergency Contact / Authorized Pickup

SECONDARY PAYER

Full Legal Name: _____
Address: _____ City: _____ State/Zip: _____
Date of Birth: _____ Social Security #: _____
Cell Phone include area code: (_____) _____ Mobile Carrier _____
Employer: _____ Work Phone: (_____) _____
Email: _____

Marital Status: Married Single Divorced Separated Widowed Other _____

Relationships to Child: Mother Father Grandparent Foster Parent Other _____

Mark All that Apply: Child Lives With Emergency Contact / Authorized Pickup

By signing (electronically or physically) below, I acknowledge responsibility for all charges incurred for childcare while at HANDS. I also understand that I am responsible for all charges whether or not paid by an assistant program such as Family Connections. I understand that should I default on payment of my account and collection agency services are required, ALL costs of collections, up to 45% of the balance, including attorney/court costs will be added to the balance of my account. (Two parent household must have both signatures.)

Primary Payer Signature: _____ Date Signed: _____

Secondary Payer Signature: _____ Date Signed: _____