



Child Care Agreement

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| --- | --- |
| Child(ren) name(s) |  |
| Parent/ Guardian |  |
| Parent/ Guardian |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Day’s child will attend | Monday | Tuesday | Wednesday | Thursday | Friday |
| Arrive |  |  |  |  |  |
| Depart |  |  |  |  |  |

|  |
| --- |
| **Payments are due weekly on: Fridays** |
| Your weekly fee $ | Late fee daily $ 10Payment after 5:30 FRIDAY will be late. | Late pick up fee$$1 dollar a minute per child |
| I agree to promptly notify the childcare 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 KINGDOM KIDS ACADEMY PVA.  |
| Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| We, KINGDOM KIDS ACADEMY PVA, agree to promptly notify the parent or guardian of any changes of the above information.I agree to provide childcare services according to the above plan. KKAPVA \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Comments:  |