

If a required field does not apply,
please indicate N/A

Child Care Agreement

Child's name:	First	Middle	Last
Parent or guardian 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:		Date payment due:	
<input type="checkbox"/> Hour <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month		Source of payment: <input type="checkbox"/> Parent <input type="checkbox"/> 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 <u>Carolyn Reynolds</u>			
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
17215 191st Ave NE	Woodinville	WA	98072
Comments			