Child Care Agreement

First Child's name:			Middle		Last			
First				Middle				
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								
			L			l		
Fee: \$ per:			Date payn	Date payment due:				
☐ 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 guar	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	S	State Z		Zip code	
Comments								