

CHILD CARE AGREEMENT

Child's 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:		<input type="checkbox"/> Hour		Date payment due:							
		<input type="checkbox"/> Day		Source of payment:							
		<input type="checkbox"/> Week		<input type="checkbox"/> Parent							
		<input type="checkbox"/> Month		<input type="checkbox"/> Other (specify):							
Overtime rate: \$ _____ per:			Late fee: \$ _____ per:								
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 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				
Comments											