



CHILD CARE AGREEMENT

FIRST NAME		MIDDLE NAME		LAST NAME					
Child's name:									
FIRST NAME		MIDDLE NAME		LAST NAME					
Parent or guardian's name:									
Days and times my child will receive care:									
Check day(s) 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 <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month				Date payment due:					
				Source of payment: <input type="checkbox"/> Parent <input type="checkbox"/> Other (specify):					
Overtime rate: \$ _____ per				Late fee: \$ _____ per					
<p>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.</p> <p>I have read, understand, and agree to comply with the policy and procedures, information for parents given to me by</p> <p>_____</p> <p style="text-align: center;">NAME OF PROVIDER</p>									
PARENT OR GUARDIAN'S SIGNATURE			DATE		PARENT OR GUARDIAN'S SIGNATURE			DATE	
<p>I agree to provide child care services according to the above plan. I agree to promptly notify the parent(s) or guardian(s) of any changes to above information.</p>									
PROVIDER'S SIGNATURE						DATE			
STREET ADDRESS			CITY		STATE		ZIP CODE		
COMMENTS									