

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:					
<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 and information for parents given to me by:</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Name of Licensee</p>								
Parent or guardian signature			Date		Parent or guardian signature			Date
<p>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.</p>								
Licensee signature						Date		
Street Address			City		State		Zip code	
Comments								