

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 <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: _____ 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				Parent or guardian signature			
Date				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							

