

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:		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 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				