

Registered Family Home Caregiver/Parent Agreement

Caregiver: Debbie McKenna
Address: 2429 Ravenhurst Drive, Plano, Texas 75025

Telephone: 972-727-7716

AGREEMENT

I _____, agree that Debbie McKenna will care for
_____ beginning on _____.

Care will include the following meals and snacks:

_____ Breakfast _____ A. Snack _____ Lunch _____ P. Snack _____ Supper

I will pay a weekly fee of \$130. Payment is due in advance. Payment is required for a full week even if my child is not there, including all holidays.

If this fee is not paid by that day, a penalty of \$10.00 per day will be charged, or my child must be withdrawn from care.

My child will be in care between the hours of 7:00 a.m. and 5:30 p.m., Monday – Friday. A \$1.00 per minute late fee will begin at 5:31 p.m. Late fees will be determined by the provider's clock and not that of the parent.

When I withdraw my child from care, I will give at least two weeks written notice. Payment is required during the notice period whether or not my child attends. Provider may terminate this contract without notice if the parent does not make payment on time.

By signing this agreement all parties agree to its terms. Parents acknowledge receiving a copy of provider's policies and agree to abide by them. Provider may change the policies giving parents a copy and two weeks written notice before putting new policies into effect.

Parent

Date

Caregiver

Date