



# CHILD CARE AGREEMENT

FIRST NAME	MIDDLE NAME	LAST NAME
<b>Child's name:</b>		

FIRST NAME	MIDDLE NAME	LAST NAME
<b>Parent or guardian's name:</b>		

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
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Arrival time							
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Departure time							
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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
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**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.**

**I have read, understand, and agree to comply with the policy and procedures, information for parents given**

**to me by \_\_\_\_\_**  
NAME OF PROVIDER

PARENT OR GUARDIAN'S SIGNATURE	DATE	PARENT OR GUARDIAN'S SIGNATURE	DATE
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**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 the above information.**

PROVIDER'S SIGNATURE	DATE
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STREET ADDRESS	CITY	STATE	ZIP CODE
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COMMENTS