DAYCARE (CHILDCARE) AGREEMENT

Child's Name(s):									
Parent's or Guardian's Name:									
Parent's or Guardian's Name:									
Days and times my child will receive care:									
Check days of care	Sunday	Monday	Tuesday		Wednesday	Thursday	🗌 Friday	Saturday	
Arrival time									
Departure time									
Fee: \$ per:			When is I	When is Payment Due?					
Hour Day Week Month Source of payment: Parent Other (specify):									
Overtime rate: \$ per				Late fee: \$ per					
Other Fees: \$ Description:									
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 and information for parents given to me by									
Signature									
Name of Childcare Provider:									
Parent or Guardian Signature			Date	Date Parent or Guardian Signature Date				Date	
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.									
Childcare Provider		Date							
Street address			City	City State			Zip code		
Comments									