

Child Care Agreement

Child's name:		First Name	Middle Name	Last Name			
Parent or guardian name:		First Name	Middle Name	Last Name			
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
Arrival time							
Departure time							
Fee: \$ _____ per:				Date payment due:			
<input type="checkbox"/> Hour <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month				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, information for parents given to me by</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Name of Provider</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 parent(s) or guardian(s) of any changes to above information.</p>							
Provider Signature					Date		
Street Address			City		State	Zip Code	
Comments							