



FIRST NAME		MIDDLE NAME		LAST NAME			
Child's name:							
FIRST NAME		MIDDLE NAME		LAST NAME			
Parent or guardian's 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'S SIGNATURE		DATE		PARENT OR GUARDIAN'S 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'S SIGNATURE				DATE			
STREET ADDRESS		CITY		STATE		ZIP CODE	
COMMENTS							