

CHILDCARE AGREEMENT

Child's Name	First	Middle	Last
Parent or Guardian name	First	Middle	Last
Parent or Guardian name	First	Middle	Last
Days and times my child will receive care:			
Check days 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		
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:
Other Fees: \$	Description:		
<p>I agree promptly notify the childcare 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 and information for parents given to me by _____</p> <p>Name of Licensee</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 parents of any changes to the above information.</p>			
Licensee signature		Date	
Street address	City	State	Zipcode
Comments			