CHILD CARE AGREEMENT

First	Middle	Last
Child's name:		
Parent or Guardian 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:
☐ Hour
☐ Day
☐ Week
☐ Month

Date payment due:

Source of payment:
☐ Parent
☐ Other (specify):

Overtime rate: $ per:

Late fee: $ per:

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:

Name of Licensee

Parent or guardian signature	Date	Parent or guardian signature	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.

Licensee signature Date

Street Address City State Zip code

Comments