Child Care Agreement

First Child's name:				Middle		Last	
Parent or guardian	name:	First		Middle		Last	
First Middle Last							
Parent or guardian name:							
Days and times my child will receive care:							
Check days of care	Sunday	Monday	Tuesday	U Wednesday	Thursday	🗌 Friday	Saturday
Arrival time							
Departure time							
Fee: \$ per: Date 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							
Norma of lightered							
Name of licensee							
Parent or guardian signature			Date	Parent or guar	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	S	State	Zip code	
Comments							