

Caregiver	Telephone No.
Address	

AGREEMENT

I, _____, agree that _____,
(Parent) (Caregiver)

will care for _____.
(Children)

beginning on _____, _____, _____.
(month) (day) (year)

Care will include the following meals and snacks:

- Breakfast Morning Snack Lunch Afternoon Snack Supper

I will pay a Weekly Monthly fee of \$ _____. Payment is due in advance on _____.

If this fee is not paid by that day, a penalty of \$ _____ will be charged, or my child must be withdrawn from care.

My children will be in care between the hours of _____ and _____ on _____.
(time to arrive) (time to leave) (days)

Care outside of these hours will require an additional fee of \$ _____ for each _____ minutes, which will be paid the same day.

When I withdraw my child(ren) from care, I will give at least _____ weeks advance notice.

Signature-Parent Date

Signature-Caregiver Date