

CHILD CARE AGREEMENT

<div style="display: flex; justify-content: space-between;">FirstMiddleLast</div> Child's name:							
<div style="display: flex; justify-content: space-between;">FirstMiddleLast</div> Parent or Guardian name:							
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
Arrival time	CLOSED						CLOSED
Departure time	CLOSED						CLOSED
FEE: \$ _____ per: <input type="checkbox"/> Hour <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month				Date payment due: Source of payment: <input type="checkbox"/> Parent <input type="checkbox"/> Other (specify):			
Overtime rate: \$ 25 per: EACH 1-59 Minutes				Late fee: \$ 25 per: WEEK			
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: BLancas Daycare De Colores							
Name of Licensee							
Parent or guardian signature				Parent or guardian signature			
Date				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	
10610 112th ST NE		Arlington		WA		98223	
Comments							