

AGREEMENT

I have read the contract and understand and agree to its terms and conditions. I have received a copy of this agreement.

Parent Name(s) _____

Address _____ Zip Code _____

Home Phone _____ Work Phone _____

E-Mail _____

My child/children will begin daycare on the following date: _____

For the care of:

Name of Child	Date of Birth	Billed FT or Hourly (please circle choice)
---------------	---------------	---

_____	_____	_____
-------	-------	-------

_____	_____	_____
-------	-------	-------

Signature of Parent _____ Date: _____

List your schedule below for care to be provided:

_____ Full Time- School year and Summer- Billed FT

_____ Full Time- School year, NO Summer- Billed FT

_____ Full Time- Summer, NO School year- Billed FT

_____ Consistent Part Time (same days and times each week) – Billed Hourly

_____ Random Part Time (will attend each month but days and times are different) – Billed

Hourly

_____ Emergency or as back up to other plans (Explain: _____)

Parent Notes: _____