

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 _____

Name of Child _____ Date of Birth _____

Name of Child _____ Date of Birth _____

Signature of Parent _____ Date: _____

Signature of Parent _____ Date: _____

List your schedule below for care to be provided:

- _____ Before School
- _____ After School
- _____ Before & After Preschool
- _____ Before & After Pre K or Kindergarten
- _____ Full day when Trinity Lutheran School is on break
- _____ During the summer

Other: _____

List the approximate times you will need daycare next to each day of the week:

Monday _____ Tuesday _____ Wednesday _____

Thursday _____ Friday _____ Drop In (Must indicate on calendar or get approval) _____