

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If this fee is not paid by that day, a penalty of \$\_\_\_\_\_ will be charged, or my child must be withdrawn from care.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