

Child Care Agreement

Child's name:	First	Middle	Last
Parent or guardian name:	First	Middle	Last
Parent or guardian name:	First	Middle	Last
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			
Departure time			
Fee: \$ per:		Date payment due: Each month on the 15 th last business day of the month	
<input type="checkbox"/> Hour <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month		Source of payment: <input type="checkbox"/> Parent <input type="checkbox"/> Other (specify):	
Overtime rate: \$ 1.00 per minute/ max of 15 min then a flat rate of \$25.00		Late fee: \$ 35.00 per late on 15 th late on 30 th applied next business day	
Other Fees: \$ Description:			
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 <u>Billie's Busy Kids Child Care and Preschool</u>			
Name of licensee			
Parent or guardian signature		Date	
Parent or guardian signature		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
602 W. Stanley St. PO BOX 746	Granite Falls	WA	98252
Comments			
All child care is paid regardless of attendance There are no make-up days and holidays are also paid as per the parent handbook. If your child is ill and out of daycare you are required to pay for care. If you are on a subsidy with DCYF your copayment is due in full on or before the 15 th of the month. Non-payment will terminate your care and you will be reported to DCYF for nonpayment. You will also be given the \$35 late fee. ____ (parent initial)			