

Rising Stars Montessori and After School Program

Child Care Agreement

First		Middle		Last					
Child's name:									
First		Middle		Last					
Parent or guardian name:									
First		Middle		Last					
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									
Departure time									
Fee: \$ per:				Date payment due:					
<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: \$ per				Late fee: \$ per					
Other Fees: \$ Description:									
<p>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.</p> <p>I have read, understand and agree to comply with the policy and procedures and information for parents given to me by _____</p>									
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		
Comments									