

# DAYCARE (CHILDCARE) AGREEMENT

Child's Name(s):								
Parent's or Guardian's Name:								
Parent's or Guardian's 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	Closed						Closed	
Departure time	Closed						Closed	
Fee: \$ _____ per:				When is Payment Due? <b>FRIDAY</b> for the upcoming week!				
<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> <p><b>Signature</b> _____</p> <p>Name of Childcare Provider: _____</p>								
Parent or Guardian Signature			Date		Parent or Guardian Signature			Date
_____			_____		_____			_____
<p>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.</p>								
Childcare Provider's Signature						Date		
_____						_____		
Street address		City		State		Zip code		
2310 N Campbell Ave.		Springfield		MO		65803		
Comments								

# DAYCARE (CHILDCARE) CONTRACT

I. The following contract is between \_\_\_\_\_  
(Parents of child(ren) in care)  
and North Side Assembly Child Care Center located at 2310 N Campbell Ave. Springfield, MO 65803 for the  
(Child Care Provider) (Address of child care facility)  
children listed below:

Child's Name _____	Date of Birth _____
Child's Name _____	Date of Birth _____
Child's Name _____	Date of Birth _____
Child's Name _____	Date of Birth _____

## II. Standard Rates and Payment Policies:

1. A deposit of \$ \_\_\_\_\_ is required. The deposit will be applied to the last week's payment or to the termination notice period if proper notice is not given (see V. Termination procedure). ✓
2. The fee will be \$ \_\_\_\_\_  per hour  per day  per week (circle one)  
Days and hours of care provided will be: \_\_\_\_\_
3. Payment is to be given:  weekly  bi-weekly  other \_\_\_\_\_ on Friday  
(Day of week/month)
4. The child care provider will provide (check all that apply):  
 Breakfast  Morning Snack  Lunch  Afternoon Snack  Dinner
5. The parent(s)/guardian(s) will provide the following (check all that apply):  
 Change of Clothes  Formula/Breast Milk  Diapers & Wipes  Infant Food  
Provider will supply \_\_\_\_\_ for an additional fee of \$ \_\_\_\_\_.  
Other special arrangements include \_\_\_\_\_

## VI. Signatures:

By signing this contract, all parties agree to all of the above terms and policies, including financial responsibility for child care provided. The provider is responsible for providing all parties a copy of the signed contract.

\_\_\_\_\_  
Provider's signature Date

\_\_\_\_\_  
Mother/Legal guardian signature Date

\_\_\_\_\_  
Address of Mother/Legal guardian Phone number

\_\_\_\_\_  
Father/Legal guardian signature Date

\_\_\_\_\_  
Address of Father/Legal guardian Phone number

\_\_\_\_\_  
Co-signer's signature (Required if parent/legal guardian is under 18 years old. Co-signer must be 18 or older and by signing assumes financial responsibility in case the parent/guardian fails to pay for care provided.) Date