CHILD CARE AGREEMENT

	First	Mi	ddle	Last		
name:	First	M	ddle	Last		
will receive care:	1	1		1		1
Sunday	Monday	Tuesday	U Wednesday	Thursday	Friday	Saturday
Der:	□ Hour	Date payment due:				
FEE: \$per:		Source of payment: Parent Other (specify):				
Ft Rate	per: Day		_ate fee: \$ <u>\$25</u>	per: <mark>Day</mark>		
		I				
ture		Date	Parent or guardia	an signature		Date
	es according t		Parent or guardia	-	parents or gua	
ild care servic	es according t	o the above pla City		nptly notify the	Date Zip code	
ild care servic	es according t	o the above pla		nptly notify the	Date	
	Sunday S	will receive care: Sunday Monday Sunday Monday Per: Hour Day Week Month Per: Per: Day Per: Day Week Month Strate per: Day Day Day Strate Strate per: Day Day Month Strate Strate per: Day Day Month Strate Strate Strate	will receive care: will receive care: Sunday Sunday Sunday Tuesday Tuesday Date payme Date payme Source of pay Date payme Source of pay Week Date payme Source of pay Parent Other Tended per: Day Other Tended Parent Other Tended Date payme Source of pay Parent Other Tended Parent Date payme Source of pay Parent Other Tended Parent Other Tended Parent Date payme Source of pay Parent Other Tended Parent Date payme Parent Other Tended Parent Date payme Parent Date payme Parent Date pay <	will receive care: Sunday Sunday Monday Tuesday Wednesday Date payment due: Source of payment: Date payment: Dat	will receive care: Sunday Monday Tuesday Wednesday Thursday Sunday Monday Tuesday Wednesday Thursday per: Hour Date payment due: Source of payment: Parent Day Source of payment: Other (specify): Parent Month Other (specify): Et Rate per: Day Late fee: \$ \$25 per: Day wotify the child care provider of any changes to the above information. I undeerms of this agreement as stipulated. and, and agree to comply with the policy and procedures and information for Phanta Tofa - Aunty's Place Early Learning & Child Care Cent	will receive care: Sunday Monday Tuesday Wednesday Thursday Friday Sunday Monday Tuesday Wednesday Thursday Friday per: Hour Date payment due: Source of payment: Parent Week Month Other (specify): Source of payment: Parent Other (specify): Child care provider of any changes to the above information. I understand that I at erms of this agreement as stipulated. and, and agree to comply with the policy and procedures and information for parents giver Phanta Tofa - Aunty's Place Early Learning & Child Care Center, LLC