## CHILD CARE AGREEMENT

First Child's name:		First	Middle		Last		
First		First	Middle		Last		
Parent or Guardian r	name:						
Days and times my child will receive care:							
Check days of care	□ Sunday	🗌 Monday	Tuesday	U Wednesday	☐ Thursday	🗌 Friday	Saturday
Arrival time							
Departure time							
FEE: \$	per:	□ Hour	Date payment due:				
ΓΕΕ. Ψ	Day Week Month	Source of payment: Parent Other (specify):					
Overtime rate: \$ 1/2 Ft Rate		per: <mark>Day</mark>	Late fee: \$ <u>\$25</u>		per: <mark>Day</mark>	<u>.</u>	
I agree to promptly notify the childcare provider of any changes to 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>Phanta Tofa - Aunty's Place Early Learning &amp; Child Care Center, LLC</u> Name of Licensee							
Parent or guardian signature			Date Parent or guardian sig		an signature	signature Date	
I agree to provide child care services according to the above plan. I agree to promptly notify the parents or guardians changes to above information.   Licensee signature Date   Street Address City State Zip code   5111 S 291st St Auburn WA 98001   Comments \$75 Nonrefundable Registration Fee + 2 weeks tuition Deposit						ardians of any	