

## Child Care Agreement

Child's name:		First Name	Middle Name	Last Name			
Parent or guardian name:		First Name	Middle Name	Last Name			
Days and times my child will receive care:							
Check day(s) 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: \$ 1.00 per minute past 6:00pm				Late fee: \$ 35.00 per day past the 3rd of every month			
<p><b>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.</b></p> <p><b>I have read, understand, and agree to comply with the policy and procedures, information for parents given to me by</b></p> <p style="text-align: center;">IMAGINATION STATION</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Name of Provider</p>							
Parent or Guardian Signature			Date	Parent or Guardian Signature			Date
<p><b>I agree to provide child care services according to the above plan. I agree to promptly notify the parent(s) or guardian(s) of any changes to above information.</b></p>							
Provider Signature						Date	
Street Address			City		State	Zip Code	
<p>Comments</p> <p>I have read and understand Imagination Station's Health and Disaster Policies</p> <p>Parent or Guardian Signature _____</p>							