



DEPARTMENT OF EARLY LEARNING (DEL)

CHILD CARE AGREEMENT

FIRST NAME		MIDDLE NAME		LAST NAME			
Child's name:							
FIRST NAME		MIDDLE NAME		LAST NAME			
Parent or guardian's 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			Source of payment:				
<input type="checkbox"/> Day			<input type="checkbox"/> Parent				
<input type="checkbox"/> Week			<input type="checkbox"/> Other (specify):				
<input type="checkbox"/> Month							
Overtime rate: \$ _____ per			Late fee: \$ _____ per				
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.							
I have read, understand, and agree to comply with the policy and procedures, information for parents given to me by							

NAME OF PROVIDER							
PARENT OR GUARDIAN'S SIGNATURE		DATE		PARENT OR GUARDIAN'S SIGNATURE		DATE	
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.							
PROVIDER'S SIGNATURE				DATE			
STREET ADDRESS		CITY		STATE		ZIP CODE	
COMMENTS							