CHILD'S NAME _____

DAY CARE & FAMILY DAY HOME MONTHLY CALENDAR CONTRACT
DEADLINE TO BE HANDED IN: _____ROOM: _____

APRIL 2012

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
1	2	3	4	5	6	7
	SPRING BREAK BEGINS				GOOD FRIDAY CLOSED	
8	9 EASTER MONDAY	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

ST. PAT'S SCHOOL BREAK MAR 30 TO APR 9/11

Please circle one of the Rate categories below – by signing, you agree to pay the rate circled

Hourly Daily Monthly

Signature:_____Date:_____

Immunizations are up to date: Yes_____ No_____ Initial_____

If your contact information **has changed**, Please complete:

Address:

_____

Home Phone: _____Cell Phone:_____

Employer:_____ Work Phone: _____