



CHILD'S NAME \_\_\_\_\_

DAY CARE & FAMILY DAY HOME MONTHLY CALENDAR CONTRACT

DEADLINE TO BE HANDED IN: \_\_\_\_\_ ROOM: \_\_\_\_\_

AUGUST 2012						
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
			1	2	3	4
5	6 CIVIC HOLIDAY	7	8	9	10	11
	CLOSED					
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	
				BRSD		
				FIRST DAY		
				OF SCHOOL		

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 <b>has changed</b> , Please complete:
Address: _____
Home Phone: _____ Cell Phone: _____
Employer: _____ Work Phone: _____