



CHILD'S NAME _____

DAY CARE & FAMILY DAY HOME MONTHLY CALENDAR CONTRACT

DEADLINE TO BE HANDED IN: _____ ROOM: _____

DECEMBER 2012						
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
	DAYCARE & FDH CLOSED IN	CHRISTMAS DAY	BOXING DAY			
	DAY IN LIEU OF NOV. 11/12	CLOSED	CLOSED			
30	31					

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: _____