



Child's Name: \_\_\_\_\_

**Day Care & Family Day Home Monthly Calendar Contract**

# January 2011

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						1 New Years Day
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23 30	24 31	25	26	27 Family Literacy Day	28	29

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

Hourly

Daily

Monthly

Signature of parent or guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Immunizations are up to date: Yes \_\_\_\_\_ No \_\_\_\_\_ Initial \_\_\_\_\_

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

Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Employer: \_\_\_\_\_