




# JUNE - 2010

**Childs Name** \_\_\_\_\_

Camrose Children's Centre

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

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 Fathers Day 	21	22	23	24	25	26
27	28	29	30			

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 Phone: \_\_\_\_\_

Employer: \_\_\_\_\_