



# NOVEMBER - 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 Day Care & Family Day Homes Closed <b>Remembrance Day</b>	12	13
14	15	16	17	18	19	20
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: _____		