CHILD'S NAME: _____MONTH: _____

Day Care & Family Day Home Monthly Calendar Contract

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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: _____

Outings Authorization Form:

Destination:	Date/Time:	Provider Only:	Parent Initial	Destination:	Date/Time	Provider Only	Parent Initial