



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

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

**Deadline to be handed in: \_\_\_\_\_ Room: \_\_\_\_\_**

## February 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 FAMILY DAY CLOSED	21	22	23	24	25
26	27	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: \_\_\_\_\_