



CHILD'S NAME _____

DAY CARE & FAMILY DAY HOME MONTHLY CALENDAR CONTRACT

DEADLINE TO BE HANDED IN: _____ ROOM: _____

MAY 2012						
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
		1	2	3	4	5
					ST. PAT'S: NO SCHOOL	
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

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

Hourly

Daily

Monthly

Signature: _____ Date: _____

Immunizations are up to date: Yes _____ No _____ Initial _____

If your contact information has changed , Please complete:
Address: _____ _____
Home Phone: _____ Cell Phone: _____
Employer: _____ Work Phone: _____