



CHILD'S NAME _____

DAY CARE & FAMILY DAY HOME MONTHLY CALENDAR CONTRACT

DEADLINE TO BE HANDED IN: _____ ROOM: _____

| MARCH 2012 | | | | | | |
|------------|--------|---------|-----------|----------------------------------|-------------------------------|----------|
| SUNDAY | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY |
| | | | | 1 | 2 | 3 |
| | | | | | | |
| 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | | | | Teacher's Convention --No School | | |
| | | | | | St. Pats Closed | |
| | | | | | | |
| 11 | 12 | 13 | 14 | 15 | 16 | 17 |
| | PD Day | | | | | |
| | | | | | | |
| 18 | 19 | 20 | 21 | 22 | 23 | 24 |
| | | | | | | |
| | | | | | | |
| 25 | 26 | 27 | 28 | 29 | 30 | 31 |
| | | | | | Day in Lieu for interviews | |
| | | | | | | |

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: _____ |