



CHILD'S NAME _____

DAY CARE & FAMILY DAY HOME MONTHLY CALENDAR CONTRACT

DEADLINE TO BE HANDED IN: _____ ROOM: _____

NOVEMBER 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
REMEMBRANCE DAY						
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

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: _____