



CHILD'S NAME _____

DAY CARE & FAMILY DAY HOME MONTHLY CALENDAR CONTRACT

DEADLINE TO BE HANDED IN: _____ ROOM: _____

OCTOBER 2012						
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
	1	2	3	4	5	6
7	8 THANKSGIVING DAY	9	10	11	12	13
	CLOSED					
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: _____
