



CHILD'S NAME \_\_\_\_\_

DAY CARE & FAMILY DAY HOME MONTHLY CALENDAR CONTRACT

DEADLINE TO BE HANDED IN: \_\_\_\_\_ ROOM: \_\_\_\_\_

SEPTEMBER 2012						
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
						1
2	3 LABOR DAY	4	5	6	7	8
CLOSED						
9	10	11	12	13	14	15
16	17	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 <b>has changed</b> , Please complete:
Address: _____
Home Phone: _____ Cell Phone: _____
Employer: _____ Work Phone: _____