FINANCIAL Agreement

	FIRST NAME	MIDDLE NAME	LAST NAME
Child's name:			
Parent or guardian's name:			

Days and times my child will receive care:

Check day(s) of care	☐ Sunday	☐ Monday	☐ Tuesday	☐ Wednesday	☐ Thursday	☐ Friday	☐ Saturday
Arrival time							
Departure time							

FEE: $_____ per: ☐ Hour ☐ Day ☐ Week ☐ Month

Date payment due:

Source of payment:
☐ Parent
☐ Other (specify):

Overtime rate: $ per

Late fee: $ per

I agree to promptly notify the child care provider of any changes of the above information. I understand that I am fully responsible for the terms of this agreement as stipulated.

I have read, understand, and agree to comply with the policy and procedures, information for parents given to me by _____.
NAME OF PROVIDER

PARENT OR GUARDIAN'S SIGNATURE	DATE	PARENT OR GUARDIAN'S SIGNATURE	DATE

I agree to provide child care services according to the above plan. I agree to promptly notify the parent(s) or guardian(s) of any changes to the above information.

PROVIDER'S SIGNATURE	DATE

STREET ADDRESS	CITY	STATE	ZIP CODE

COMMENTS

DSHS 10-096(X) (REV. 02/1997) (AC 09/1997)