



CHILD'S NAME: _____ MONTH: _____

Day Care & Family Day Home Monthly Calendar Contract

1		<p>Please circle one of the rate categories below – by signing, you agree to pay the rate circled below:</p> <p>HOURLY DAILY MONTHLY</p> <p>Signature of parent or guardian:</p> <p>_____</p> <p>Date:</p> <p>_____</p> <p>Immunizations are up to date:</p> <p>Yes: _____ No: _____ Initial: _____</p> <p>If your contact information has changed, please complete:</p> <p>Address: _____</p> <p>Home Phone: _____</p> <p>Work Phone: _____</p> <p>Cell: _____</p> <p>Employer: _____</p>
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Outings Authorization Form:

Destination:	Date/Time:	Provider Only:	Parent Initial	Destination:	Date/Time	Provider Only	Parent Initial