



CHILD'S NAME: _____ MONTH: _____

Day Care & Family Day Home Monthly Calendar Contract

1		Please circle one of the rate categories below – by signing, you agree to pay the rate circled below: HOURLY DAILY MONTHLY
2		
3		
4		
5		
6		
7		
8		
9		
10		Signature of parent or guardian:
11		_____
12		Date:
13		_____
14		Immunizations are up to date:
15		Yes: _____ No: _____ Initial: _____
16		
17		
18		
19		If your contact information has changed , please
20		complete:
21		
22		Address: _____
23		
24		Home Phone: _____
25		
26		Work Phone: _____
27		
28		Cell: _____
29		
30		Employer: _____
31		

Outings Authorization Form:

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