Child Care Agreement

First Name Child's name:				Middle Name Last Name				
First Name				Middle Name	e Name Last Name			
Parent or guardian 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								
	l		L					
Fee: \$ per:			Date paym	Date payment due: Monday				
☐ Hour ☐ Day ☐ Week ☐ Month Source of payment: ☐ Parent ☐ Other (specify):								
Overtime rate: \$ 5.00 per Quarter hour				Late fee: \$ 10	Late fee: \$ 10.00 per Day until current			
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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								
Rise and Shine Day Care								
Name of Provider								
Parent or Guardian Signature			Date	Parent or Guar	Parent or Guardian 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 above information.								
Provider Signature					Date			
Street Address		- WA 00047	City	S	State	Zip Code		
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105 Eastgate Ave	nue N, Pacific	e, WA 98047						
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