Buzybeez Preschool



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CHILD CARE AGREEMENT

Child's name:	First		Middle		Last		
Office S frame.	First		Middle		Last		
Parent or Guardian r	name:						
Days and times my child will receive care:							
Check days of care	Sunday	☐ Monday	☐ Tuesday	□ Wednesday	☐ Thursday	☐ Friday	☐ Saturday
Arrival time							
Departure time							
FEE: \$	☐ Hour ☐ Day ☐ Week	Date payment due: Source of payment: Parent					
☐ Month ☐ Other (specify):							
Overtime rate: \$	per:		La	ate fee: \$	per:		
I agree to promptly notify the childcare 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 and information for parents given to me by: Name of Licensee							
Parent or guardian signature			Date Parent or guardian signature				Date
I agree to provide childcare services according to the above plan. I agree to promptly notify the parents or guardians of any changes to above information.							
Licensee signature						Date	
Street Address			City State			Zip code	
Comments							