

AGREEMENT FORM

Becky's Daycare 655 Cardinal Drive Walla Walla, WA 509-520-3689

Child's name:	First	Middle	Last			
Parent or guardian name:	First	Middle	Last			
Parent or guardian name:	First	Middle	Last			
Check days of care	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	
Arrival time						
Departure time						
Fee: \$ _____ per month			Date payment due: First of the month of service, unless an approved payment arrangement is in place			
			Source of payment: <input type="checkbox"/> Parent <input type="checkbox"/> Other (specify):			
Other Fees: \$ 50.00 one-time registration fee to be paid in advance						
<p>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.</p> <p>I have read, understand and agree to comply with the policy and procedures and information for parents given to me by:</p> <p>Rebecca C. Donovan owner/operator of Becky's Daycare</p>						
X			X			