**DAYCARE AGREEMENT**

**Children**

I have read the Imagination Station Childcare Handbook and agree to comply with all policies and procedures. I have read the Imagination Station Childcare Handbook and agree to comply with all policies and procedures except as noted below and discussed with provider:

My typical hours are:

Monday \_\_\_\_\_\_\_\_\_\_\_ am/pm to \_\_\_\_\_\_\_\_\_\_ am/pm.

Tuesday \_\_\_\_\_\_\_\_\_\_\_ am/pm to \_\_\_\_\_\_\_\_\_\_ am/pm.

Wednesday \_\_\_\_\_\_\_\_\_\_\_ am/pm to \_\_\_\_\_\_\_\_\_\_ am/pm.

Thursday \_\_\_\_\_\_\_\_\_\_\_ am/pm to \_\_\_\_\_\_\_\_\_\_ am/pm.

Friday \_\_\_\_\_\_\_\_\_\_\_ am/pm to \_\_\_\_\_\_\_\_\_\_ am/pm.

Average Weekly Hours:**[#]**

Therefore, my weekly flat rate is **[AMOUNT]** and is due at drop offon my last day of attendance each week. I understand that a **[AMOUNT]** late fee will be added for each day my payment is late.

Parent Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provider Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_