## **JJChildCare Agreement**

Middle Name

Last Name

First Name

RSP/FSP/Emergency

| Child's name:  |                              |   |   |                |               |              |               |
|--|------------------------------|---|---|----------------|---------------|--------------|---------------|
| Parent or guardi   | ian's name                   | :   |   |                |               |              |               |
| Days and times n   | ny child wil                 | I receive care:   | :   |                |               |              |               |
| Check day(s) of care   | ()Sunday                     | ()Monday  | ( )Tuesday  | ( )Wednesday   | ( ) Thursday  | ( )Friday    | ( ) Saturday  |
| Arrival Time   |                              |   |   |                |               |              |               |
| Departure Time   |                              |   |   |                |               |              |               |
| Tuition\$  |                              | per ( ) Month<br>per ( ) Bi-weeks *additional \$1 required* |   |                |               |              |               |
| Overtime Rate \$   |                              | per hour  | Late fee: \$5 per a day after last day of the month |                |               |              |               |
| Date payment du  | ue: from eve                 | ery 25th to th  | e last day for                                      | the following  | month         |              |               |
| I agree to promp<br>I understand that<br>I have read, unde<br>given to me by | t I am fully<br>erstand, and | responsible for<br>l agree to con                           | or the terms on the mply with the                   | of this agreem | ent as stipul | ated.        | or parents    |
| Parent or Guardian's Signature   |                              |   | Date  |                |               |              |               |
|  |                              |   |   |                |               |              |               |
| I gree to provide  | child care                   | services accor  | rding to the a                                      | bove plan. I a | gree to pror  | nptly notify | the parent(s) |
| or guardian(s) of  | any change                   | es to above ir  | nformation.   |                |               |              |               |
| Provider's signature   |                              | Date  |   |                |               |              |               |
|  |                              |   |   |                |               |              |               |

Notice:For emergency, parents can request to switch the date from his/her original schedule. If you want to change the schedule of your child either to extend or reduce from previous agreement, we need another updated form of Child Care Agreement each time. But we request for fees, \$10 for in case of switching your day(s) and \$20 for reducing total hours for child care. So please consider your schedule when you register. If we have difficulties in terms of administrative process with frequent requests within three months, we will ask you to switch into hourly drop off. That is for kindness for us and other parents who need our service of JJ Child Care. Please understand this. If you have to do this due to personal situation or you need to discuss about your concerns, we will do our best to fit your worries and generate affordable exceptions. Please talk to us. Thank you!

## Comments: