



Child's Name:	First Name	Middle Name	Last Name
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Parent / Gaurdian's Name:	First Name	Middle Name	Last Name
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Days and time my child will receive care:

Check Day(s) of Care:	<input type="checkbox"/> Sunday	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday
Arrival Time							
Departure Time							

FEE: \$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month	Date Payment Due: Weekly on Monday the week prior to service Source of payment: <input type="checkbox"/> Parent <input type="checkbox"/> Other (Specify):
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Overtime Rate: \$2.00 per minute as stated in the contract	Late Fee: \$10.00 per day as stated in the contract
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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

Kasia Radka - The Orchard Preschool

Name of Provider

Parent or Guardian's Signature	Date	Parent or Guardian's Signature	Date
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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 the above information.

Providers Signature	Date
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Street Address	City	State	Zip Code
7351 148th Ave N.E.	Redmond	Washington	98052

Comments: