

PARENT/PROVIDER AGREEMENT

Caregiver _____

Parent _____

Child _____

Hours of care _____

PAYMENT POLICIES

Fee _____ Payment due (Weekly, Monthly, etc. _____)

Overtime _____ If child is absent _____

PARENT WILL PROVIDE:

CAREGIVER WILL PROVIDE

SUBSTITUTE CAREGIVER:

Name _____ Address _____

Phone _____

Holidays/vacations (no care provided) _____

Amount of termination notice required:

From parent _____ (days) _____ (week/s) _____

From Caregiver _____ (days) _____ (week/s) _____

Parent Signature: _____ Date: _____

Caregiver Signature: _____ Date: _____

