



Child's Name _____
Current Grade (if applicable) _____
Child Care Site _____

Child Care Agreement

Start Date: _____ Child's Typical Arrival Time _____ Child's Typical Departure Time _____

Daily Payment Schedule	
Select program(s) your child will attend: <ul style="list-style-type: none"><input type="checkbox"/> Early Learning Center: \$55/day<input type="checkbox"/> Programming for Grades K-12: \$30/day<input type="checkbox"/> CHOP Employee Rates:<ul style="list-style-type: none"><input type="checkbox"/> Early Learning Center: \$44/day<input type="checkbox"/> Programming for Grades K-12: \$24/day	Payment Information: Payment is due on the day of service rendered.

Parent Signature: _____

OFFICE USE ONLY: Entered By: _____ Date: ____/____/____ Unit ID: _____
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