

**Amanda Childcare and Preschool
Tricia Williams, Licensed Provider**

Parent / Provider Contract

Child(ren): _____

- I have read the Amanda Childcare and Preschool Handbook and agree to comply with all the policies and procedures.
- I have read the Amanda Childcare and Preschool Handbook and agree to comply with all policies and procedures except as noted below and discussed with the 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 \$ _____ and is due at the drop off on my last day of attendance each week. I understand that a \$5 late fee will be added for each day, my payment is late.

Parent/ guardian Signature

Date

Provider Signature

Date

