



Child Care Agreement

1. Parent or Legal Guardian

Parent(s)' name(s): _____

Address(es):

Home phone number(s): _____

Work phone number(s): _____

Cell phone: _____

Email: _____

2. Child Care Provider

Child Care Provider's name: _____

Address(es):

Home phone number(s): _____

Work phone number(s): _____

Cell phone: _____

Email: _____

3. Children

Parent(s) desire(s) to contract with Child Care Provider to provide child care for:

Child Care Agreement

_____ *[names and birthdates of the children].*

4. Location and Schedule of Care

Care will be provided at:

_____ [your address or
other location where care is to be given].

Days and hours of child care will be as follows:

5. Beginning Date

Employment will begin on _____ [date].

6. Training or Probation Period

There will be a training/probation period during the first

[length of training period]

7. Responsibilities

The care to be provided under this agreement consists of the following responsibilities

[describe and provide details]: _____.

8. Wage or Salary

Child Care Provider will be paid as follows:

\$_____ per hour

\$_____ per month

other: _____

9. Payment Schedule

Child Care Provider will be paid on the following intervals and dates:

once a week on every _____

twice a month on _____

once a month on _____

other: _____

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10. Benefits

Parent(s) will provide Child Care Provider with the following benefits [describe and provide details]: _____

11. Termination Policy

Either Parent(s) or Child Care Provider may terminate this agreement at any time, for any reason, without notice.

12. Additional Provisions

Parent(s) and Child Care Provider agree to the following additional terms:

13. Modifications in Writing

To be binding, any modifications to this contract must be in writing and signed by both parties to the agreement.

Signatures

_____	_____
Parent 1's signature	Date
_____	_____
Parent 2's signature	Date
_____	_____
Child Care Provider's signature	Date

Certificate of Acknowledgment of Notary Public

State of _____ County of _____

On _____, before me, _____, a notary public in and for said state, personally appeared _____, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument, and acknowledged to me that he or she executed the same in his or her authorized capacity and that by his or her signature on the instrument, the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal. _____

Notary Public for the State of _____ My commission expires _____

[NOTARY SEAL]