

**Homestead Day Care, LLC**  
**Parent - Provider Agreement**

29200B Evergreen Drive  
Waterford, WI 53185  
262-534-3785

Child(ren) Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parent/Guardian #1 Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Parent/Guardian #2 Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Enrollment Begin Date: \_\_\_\_\_

Children's Health Insurance Company: \_\_\_\_\_

Group #: \_\_\_\_\_ ID#: \_\_\_\_\_

Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

**Authorized Attendance Hours**

**Attendance outside these hours will incur additional charges and must be pre-approved by the Director**

<b>Day</b>	<b>Arrival</b>	<b>Departure</b>
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

**Weekly Tuition - Due the Friday before the week of care:**

Name: \_\_\_\_\_ Rate: \_\_\_\_\_

Name: \_\_\_\_\_ Rate: \_\_\_\_\_

Name: \_\_\_\_\_ Rate: \_\_\_\_\_

Multiple Child Discount: \_\_\_\_\_ Rate: \_\_\_\_\_

Total Weekly Tuition: \$ \_\_\_\_\_

I have received the Parent Policy Book and agree to all policies and procedures, including the two-week paid notice to terminate my child care contract. I understand the Registration Fee and first (1<sup>st</sup>) week's tuition must be paid to secure my child's spot in the Program. If my child does not attend the Program, this money is forfeited. I understand that I (we) are solely responsible for payment, even if payment is supplemented by another party.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_