

# SERVICE AGREEMENT

**Effective Date:** \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_

**Mailing address:** \_\_\_\_\_

\_\_\_\_\_

**Cell Phone#:** \_\_\_\_\_

**Work Phone#:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Child Care Provider:** \_\_\_\_\_

**Provider address:** \_\_\_\_\_

\_\_\_\_\_

**Provider Office#:** \_\_\_\_\_

**Child(ren):** Please list first and last name and DOB:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

**Location where care is to be provided and Schedule of Care:**

**Location:** \_\_\_\_\_

<input type="checkbox"/> - Monday	Start: ____:____ <input type="checkbox"/> AM <input type="checkbox"/> PM	End: ____:____ <input type="checkbox"/> AM <input type="checkbox"/> PM
<input type="checkbox"/> - Tuesday	Start: ____:____ <input type="checkbox"/> AM <input type="checkbox"/> PM	End: ____:____ <input type="checkbox"/> AM <input type="checkbox"/> PM
<input type="checkbox"/> - Wednesday	Start: ____:____ <input type="checkbox"/> AM <input type="checkbox"/> PM	End: ____:____ <input type="checkbox"/> AM <input type="checkbox"/> PM
<input type="checkbox"/> - Thursday	Start: ____:____ <input type="checkbox"/> AM <input type="checkbox"/> PM	End: ____:____ <input type="checkbox"/> AM <input type="checkbox"/> PM
<input type="checkbox"/> - Friday	Start: ____:____ <input type="checkbox"/> AM <input type="checkbox"/> PM	End: ____:____ <input type="checkbox"/> AM <input type="checkbox"/> PM
<input type="checkbox"/> - Saturday	Start: ____:____ <input type="checkbox"/> AM <input type="checkbox"/> PM	End: ____:____ <input type="checkbox"/> AM <input type="checkbox"/> PM

☐ - Sunday      Start: \_\_\_\_:\_\_\_\_ ☐ AM ☐ PM      End: \_\_\_\_:\_\_\_\_ ☐ AM ☐ PM

**Allergies.** It is known that the Child(ren): \_\_\_\_\_

☐ - Do not have any known allergies.

☐ - Have the following allergies: \_\_\_\_\_

**Responsibilities.** The care to be provided under this agreement consists of the following responsibilities (list details below):

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**This Agreement starts on** \_\_\_\_\_, 20\_\_\_\_

**Termination Policy:**

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

**Additional Terms and Conditions.** \_\_\_\_\_

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**Child Care Payment Method:**

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**Babysitter's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Print Name \_\_\_\_\_

**Client's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Print Name \_\_\_\_\_