

# 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):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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.** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Child Care Payment Method:**

\_\_\_\_\_

\_\_\_\_\_

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

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

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

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