

Caregiver Heather Reitsma	Telephone No. 940-257-5510
Address 4614 Tammy Drive, Wichita Falls TX 76306	

AGREEMENT

I, _____, agree that Heather Reitsma,
(Parent) (Caregiver)

will care for _____
(Children)

beginning on _____, _____, _____
(month) (day) (year)

Care will include the following meals and snacks:

Breakfast Morning Snack Lunch Afternoon Snack Supper

I will pay a Weekly Monthly fee of \$ _____. Payment is due in advance on Friday before ea. Mon.

If this fee is not paid by that day, a penalty of \$ 25 will be charged, or my child must be withdrawn from care.

My children will be in care between the hours of _____ and _____ on _____
(time to arrive) (time to leave) (days)

Care outside of these hours will require an additional fee of \$ 5.00 for each 10 minutes, which will be paid the same day.

When I withdraw my child(ren) from care, I will give at least 2** weeks advance notice.

Signature-Parent

Signature-Caregiver

Date

Date

*** I have read and fully understand the operational policies, that are available online at
WichitaFallsDaycare.com _____

***I understand and fully aware that Wiggles n Giggles is a home daycare. In case of an immeditdate emergency and there is an emergency closing, Heather will notify me ASAP and I have alternate care arrangements made, for those emergencies.
