

Parents to Provide:

Change of Clothes Nappies Bottles/baby food Sun cream
Baby wipes Meals Snacks Special dietary requirements

Details: _____

Fees to be Paid

Rate: € _____ per _____

Day of the week/month fees to be paid: _____

Deposit Paid: Yes No Amount: € _____

Arrangements and agreed payments for:

Bank Holidays: _____

Parent or Child Illness _____

Childminder's Illness _____

Parent's Holidays _____

Childminder's Holidays _____

Parent's day off _____

Childminder's day off _____

Late Collection/week-end. _____

This agreement will be reviewed annually on: _____

Mother's Signature: _____ Date: ____ / ____ / ____

Father's Signature: _____ Date: ____ / ____ / ____

Childminder's Signature: _____ Date: ____ / ____ / ____