



PART 4 – SCHEDULED CONTRACT DAYS & AGREEMENT

THE CORPORATION OF THE MUNICIPALITY OF RED LAKE

Partnership - Monthly

CHILD CARE SERVICE CONTRACT

Contracted Child Care Spaces

Child Names: _____ and _____

(To complete the day box, place the number of full day and half day equivalents in the first box under the appropriate day.)

All contracts must be received by the 15th of each calendar month.

Week	Days	Monday	Tuesday	Wednesday	Thursday	Friday
1	Full Day					
	Name					
2	Full Day					
	Name					
3	Full Day					
	Name					
4	Full Day					
	Name					
5	Full Day					
	Name					
	TOTAL					

We, _____ and _____, agree to pay to the Municipality of Red Lake the full amount as agreed to in this contract. Further, we acknowledge receipt of a full copy of the Contract, consisting of the Terms of the Contract and Schedule of Fees. We have read and understand them. We agree to pay the Municipality of Red Lake in full accordance with the provisions set out in this agreement.

Parent/Guardian Signature:	Date:
Parent/Guardian Signature:	Date:
Day Care Supervisor or Designate Signature:	Date: