**Seasons of Care, Inc.**

Early Learning C:\Users\Gloria\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\8ORTXHM9\books[1].jpg

A Non-profit Organization

**PARENT SCHEDULE and In-care AGREEMENT**

We at Seasons of Care, Inc. strive to meet the needs of the families we serve. Our optimum concern is the cognitive and emotional development of young children. To help meet this goal, Seasons of Care, Inc. limits the time children spend in our care to not exceed 9 hours per day. We ask that you provide us with an accurate work and/or school schedule so that we are aware of your child care needs and how to reach you in the unlikely event of an emergency.

This is a schedule agreement between \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and Seasons of Care, Inc. I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ agree to the schedule indicated below and will immediately notify Seasons of Care, Inc. of any changes.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Parent/guardian

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Employer/School Name Telephone

**Parent Schedule:**

|  |  |  |  |
| --- | --- | --- | --- |
| Day of Week | Time-In | Time-Out | Hours |
| Monday |  |  |  |
| Tuesday |  |  |  |
| Wednesday |  |  |  |
| Thursday |  |  |  |
| Friday |  |  |  |

Total agreed hours: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date