**DAYCARE COMMITMENT FORM**

Child’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Section 1: Daycare Details

Daycare Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provider's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Operating Hours: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 2: Attendance Schedule**

My child will attend the daycare on the following days:

☐ Monday

☐ Tuesday

☐ Wednesday

☐ Thursday

☐ Friday

Drop-Off Time: \_\_\_\_\_\_\_\_\_\_\_\_

Pick-Up Time: \_\_\_\_\_\_\_\_\_\_\_\_

Section 3: Fees & Payment Terms

Weekly/Monthly Fee: Ksh\_\_\_\_\_\_\_\_\_\_\_\_

Payment Due: ☐ Weekly ☐ Biweekly ☐ Monthly

Late Payment Fee: Ksh\_\_\_\_\_\_\_\_\_\_\_\_ per day

Accepted Payment Methods: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 4: Parent/Guardian Commitment**

**I agree to:**

Ensure timely drop-off and pick-up of my child.

Inform the daycare of any changes in schedule, illness, or absence.

Abide by all daycare policies regarding behavior, health, and communication.

Make all payments on time.

**Section 5: Daycare Commitment**

We, as the daycare provider, commit to:

Providing a safe, nurturing, and educational environment.

Maintaining open and respectful communication with families.

Informing parents/guardians of any incidents, injuries, or behavioral concerns.

Adhering to all applicable health and safety regulations.

**Section 6: Termination Policy**

Either party may terminate this agreement with \_\_\_\_\_\_ days written notice.

Immediate termination may occur in the event of safety concerns, non-payment, or policy violations.

**Signatures**

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Daycare Provider Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_