



# SAN MATEO COUNTY COMMUNITY COLLEGE DISTRICT

3401 CSM Drive ~ San Mateo ~ California 94402

College of San Mateo

Cañada College

Skyline College

## PARENT – PROVIDER CONTRACT AGREEMENT

Social Security:

G #:

ENC#:

For the period of \_\_\_\_\_ to \_\_\_\_\_, I, \_\_\_\_\_ need child care for the Fall  
Spring \_\_\_\_\_ Summer \_\_\_\_\_ semesters while enrolled at \_\_\_\_\_.

I understand that I am not eligible for child care payments from the \_\_\_\_\_ program if I am not enrolled in classes or have not been attending classes for two or more weeks.

### CHILD CARE PROVIDER:

Provider's Name: (First) \_\_\_\_\_ (Last) \_\_\_\_\_

Social Security # or EIN #:

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Telephone: \_\_\_\_\_ License: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

I understand that \_\_\_\_\_ will pay \_\_\_\_\_ per hour/day or \_\_\_\_\_ per week under my care and the difference, if any, will be paid by the parent. Timesheets are due the last working day of each month. Late timesheets may cause a delay in payment. Payments will be made 2-3 weeks after submission. The maximum payment for semester/year will not exceed \$ \_\_\_\_\_.

**The \_\_\_\_\_ program does not pay for holidays.**

The following child(ren) is/are under my care:

<u>Name</u>	<u>Sex</u>	<u>Date of Birth</u>	<u>Hours per day in child care</u>	OR	<u>Days per week</u>

This agreement is between the parent of the above listed child(ren) and the child care provider. Neither \_\_\_\_\_ or the San Mateo County Community College District is responsible for choice of provider or for any subsequent inappropriate conduct on the part of the provider while the child(ren) is/are in her/his care.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Provider's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Coordinator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR COLLEGE USE ONLY

Account #:

Budget Office Signature: