



# CHILD CARE AGREEMENT



Child Care Agreement Number: \_\_\_\_\_

Child Care Service Provider: (name) \_\_\_\_\_  
(address) \_\_\_\_\_  
(phone) \_\_\_\_\_

Eastern Workforce Investment Board agrees to pay the above entity for providing childcare services for the children listed below of:

_____	_____	_____
Participant name	OSL ID Number	Dates of child care service

### Children Names and Ages


*The service provider agrees to send a completed Childcare Attendance Record for each of the children listed above on the last day of each month in order to receive payment for child care services. The Child Care Attendance Record must be completed and signed in ink by the participant and the authorized service provider. This agreement is subject to availability of funds and budget limitations. This agreement may be terminated at any time with the 30-day period by EWIB or the provider with written notification.*

Service provider signature and date	EWIB signature and date
Typed or printed name and title	Typed or printed name and title