



# Akwesasne Area Management Board

## QUOTE FOR DEPENDANT CARE

Parent\Guardian: \_\_\_\_\_

Day Care / Baby Sitter

Akwesasne Child Care Program

Individual  
Name: \_\_\_\_\_

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

\_\_\_\_\_

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

CHILD NO.1 \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Number of Hours of Care Required per Day:

| MON | TUES | WED | THUR | FRI | SAT\SUN | HOURLY RATE: | WEEKLY RATE: |
|-----|------|-----|------|-----|---------|--------------|--------------|
|     |      |     |      |     |         | \$           | \$           |

CHILD NO.2 \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Number of Hours of Care Required per Day:

| MON | TUES | WED | THUR | FRI | SAT\SUN | HOURLY RATE: | WEEKLY RATE: |
|-----|------|-----|------|-----|---------|--------------|--------------|
|     |      |     |      |     |         | \$           | \$           |

CHILD NO.3 \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Number of Hours of Care Required per Day:

| MON | TUES | WED | THUR | FRI | SAT\SUN | HOURLY RATE: | WEEKLY RATE: |
|-----|------|-----|------|-----|---------|--------------|--------------|
|     |      |     |      |     |         | \$           | \$           |

MUST BE SIGNED BY CHILD CARE PROVIDER (Baby Sitter):

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