

# Blessings Abound Family Childcare



Wendy Cornell, Licensed Family Childcare Provider  
701 Quasar Lane  
Livingston, MT 59047  
(406) 222-2495

## Intent to Contract

I \_\_\_\_\_ (parent's name) intend to enroll my child  
\_\_\_\_\_ (child's name) in Blessings Abound Family Child Care. I intend  
the start date to be \_\_\_\_\_. I am putting a non-refundable deposit of  
\$ 130.00 down to hold the space. I understand that if for ANY reason my child does  
NOT attend Wendy's Wee Ones Family Childcare that this deposit will NOT be refunded. This  
fee will be applied to the first week of care.

### List the specific days and hours care will be needed:

Monday: From: \_\_\_\_\_ To: \_\_\_\_\_

Tuesday: From: \_\_\_\_\_ To: \_\_\_\_\_

Wednesday: From: \_\_\_\_\_ To: \_\_\_\_\_

Thursday: From: \_\_\_\_\_ To: \_\_\_\_\_

Friday: From: \_\_\_\_\_ To: \_\_\_\_\_

I understand that if these hours and days change before the start date, the space may not be available and is not guaranteed to be. Only the hours and days written above will be held. The provider will make every effort to accommodate the new schedule, but can not guarantee there will be a space available.

\_\_\_\_\_  
Provider's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother's Signature

\_\_\_\_\_  
Date