

Lisa Fields' Family Day Care Home
3130 W. Powhatan Ave.
Tampa, FL 33614
Telephone # 353-0957
License # F-TA-230280

Day Care Deposit Agreement

I, _____, on this day _____ give a deposit of _____
to Lisa Fields to hold 1 spot in her day care for my child _____. Child care
for my child will begin on _____, if it will be a different date, I agree to
call Lisa Fields, one week in advance, to change the enrollment date for my child. I understand
that this is a **non-refundable** deposit. Should I choose not to enroll my child, I forfeit the above
listed deposit to Lisa Fields.

_____	_____
(Parent Signature)	(Date)
_____	_____
(Provider Signature)	(Date)