

CHILD / DEPENDENT CARE AGREEMENT  
FOR GAINESVILLE ISD

I have an agreement with \_\_\_\_\_,  
TAX ID/SS# \_\_\_\_\_, to provide daycare for my  
child/ren or adult dependents. This information is provided in conjunction  
with my employer's "OPTION 125" CAFETERIA PLAN. *Should my amounts  
change from that indicated above it is my responsibility to inform my  
employer immediatley.* Otherwise you may rely on the above information for  
issuing my monthly reimbursements for this care.

I PAY \$ \_\_\_\_\_ PER:

WEEK

MONTH

DAY

FOR THESE SERVICES DURING THE:

SCHOOL YEAR (9 months)

FULL YEAR (12 months)

\_\_\_\_\_  
CARE PROVIDER SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
DATE

***\*\*\*Reimbursement will not be issued  
without a completed contract &  
PROOF OF PAYMENT attached\*\*\****