

ROMAN CATHOLIC BISHOP OF SLC EMPLOYEES CAFETERIA PLAN

CONTRACT FOR CHILD CARE SERVICES

TO THE PLAN ADMINISTRATOR:

I \_\_\_\_\_, am providing child care services for  
\_\_\_\_\_ son/daughter of  
\_\_\_\_\_, on a permanent basis at a monthly rate of  
\$\_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_. To the best of my knowledge I will  
continue to do so until my services are no longer required.

\_\_\_\_\_  
Signature of Day Care Provider

\_\_\_\_\_  
Fed. ID # or Social Security #

\_\_\_\_\_  
Date Child Care Services Begins

I \_\_\_\_\_, SS# \_\_\_\_\_ the parent of the  
above mentioned child, understand it is my responsibility to inform the Plan Administrator if the  
contract is terminated.

\_\_\_\_\_  
Employee Signature

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