

PROVIDER/PARENT/GUARDIAN'S AGREEMENT FOR CHILD CARE CHARGES

Child Care Provider's Name: _____

Child Care Provider's Tax ID No.: _____

Parent/Guardian's Name (Last, First): _____

Child's Name(s) (First, Last): _____

1st Child: _____ 2nd Child: _____ 3rd Child: _____

DAILY CHILD CARE CHARGES	FULL DAY (6 hrs. or more)			PART DAY (Less than 6 hrs.)		
LINES 1-8 MUST BE COMPLETED	1 st	2 nd	3 rd	1 st	2 nd	3 rd
1. Provider's daily rate.	\$			\$		
2. Meals: Enter <u>daily</u> cost (If cost of meal is included in the Provider's Daily Rate on line 1, enter 0).	\$			\$		
3. Transportation: Enter <u>daily</u> cost (If cost of transportation is included in the Provider's Daily Rate on line 1, enter 0).	\$			\$		
4. Add lines 1, 2, & 3, enter amount. TOTALS ARE THE PROVIDER'S PROJECTED DAILY CHILD CARE CHARGES.	\$			\$		

DES REIMBURSEMENT RATE/ASSIGNED COPAYMENT	FULL DAY (6 hrs. or more)			PART DAY (Less than 6 hrs.)		
5. Enter amount DES will subsidize the provider (See CC-214, Child Care Provider Rate Agreement).	\$			\$		
6. Enter amount of Parent/Guardian's <u>daily</u> DES Assigned Copayment (See Certificate of Authorization).	\$			\$		
7. Subtract line 6 from line 5 and enter amount. THIS IS THE DAILY RATE DES WILL REIMBURSE THE PROVIDER.	\$			\$		

PARENT/GUARDIAN'S RESPONSIBLE DAILY CHARGES	FULL DAY (6 hrs. or more)			PART DAY (Less than 6 hrs.)		
8. Subtract line 7 from line 4 and enter amount. THIS IS THE DAILY AMOUNT OF THE PROVIDER RATE NOT SUBSIDIZED BY DES, <u>AND</u> THE RESPONSIBILITY OF THE PARENT/GUARDIAN TO REIMBURSE THE PROVIDER.	\$			\$		

ADDITIONAL FEES THE PARENT/GUARDIAN ARE RESPONSIBLE TO PAY						
DESCRIPTION	FREQUENCY OF PAYMENT			AMOUNT OF PAYMENT		
Registration Fees:				\$		
Other (Specify):				\$		
Other (Specify):				\$		

This Agreement for Child Care Charges will expire on (enter "Authorization End Date" from Certificate of Authorization) or when program eligibility changes; thereby resulting a change to the established daily charges on line 8.

SIGNATURES (Provider/Parent/Guardian are required to sign and date below)

As the parent/guardian of the child(ren) in care, I agree to accept responsibility for the payment of the DES Assigned Full/Part Day Copayment on line 6, the Full/Part Day Charges listed on line 8 or any "Additional Fees."

Parent/Guardian's Signature: _____ Date: _____

As the provider, I understand that the DES will not monitor the parent/guardian's payment for charges that exceed the Full/Part Day Charges on line 7, the Full/Part Day Charges listed on line 8 or any "Additional Fees."

Child Care Provider's Signature: _____ Date: _____

DISTRIBUTION: **Original** (white) - for provider; **Copy** (canary) – for parent/guardian