

## PROVIDER/PARENT/GUARDIAN'S AGREEMENT FOR NON-DES CHILD CARE CHARGES

Child Care Provider's Name: \_\_\_\_\_

Child Care Provider's Tax ID No.: \_\_\_\_\_

Parent/Guardian's Full Name: \_\_\_\_\_

Child's Full Name(s):  
1<sup>st</sup> Child: \_\_\_\_\_ 2<sup>nd</sup> Child: \_\_\_\_\_ 3<sup>rd</sup> Child: \_\_\_\_\_

DAILY CHILD CARE CHARGES	FULL DAY			PART DAY		
LINES 1-4 MUST BE COMPLETED	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>
1. Provider's daily rate.	\$	\$	\$	\$	\$	\$
2. Meals: Enter daily cost (If cost of meal is included in the Provider's Daily Rate on line 1, enter 0).	\$	\$	\$	\$	\$	\$
3. Transportation: Enter daily 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 AND 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 \_\_\_\_\_

**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 Full/Part Day Charges listed on line 4 or any additional fees.

Parent/Guardian's Signature: _____	Date: _____
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As the provider, I understand that the DES will not monitor the parent/guardian's payment for charges.

Child Care Provider's Signature: _____	Date: _____
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DISTRIBUTION: **Original** - for provider; **Copy** - for parent/guardian