

PROVIDER/PARENT/GUARDIAN'S AGREEMENT FOR 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): _____

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

DAILY CHILD CARE CHARGES	PROVIDER DAILY CHILD CARE CHARGES		
LINES 1-8 MUST BE COMPLETED	1 st	2 nd	3 rd
1. Provider's daily rate.	\$		
2. Meals: Enter daily cost <i>(If the cost of meals is included in the Provider's Daily Rate on line 1, enter 0).</i>	\$		
3. Transportation: Enter daily cost <i>(If the cost of transportation is included in the Provider's Daily Rate on line 1, enter 0).</i>	\$		
4. Add lines 1, 2, & 3, enter the amount. Totals are the provider's projected daily child care charges.	\$		
DES REIMBURSEMENT RATE/ASSIGNED COPAYMENT	DAILY RATE (15 minutes or more)		
5. Enter the amount DES will subsidize the provider. <i>(See CC-214, Child Care Provider Rate Agreement).</i>	\$		
6. Enter the amount of Parent/Guardian's daily DES Assigned Copayment <i>(See Certificate of Authorization).</i>	\$		
7. Subtract line 6 from line 5 and enter the amount. THIS IS THE DAILY RATE DES WILL REIMBURSE THE PROVIDER.	\$		
PARENT/GUARDIAN'S RESPONSIBLE DAILY CHARGES	DAILY CHARGES		
8. Subtract line 7 from line 4, if the amount in line 4 exceeds the amount in line 7, enter the amount. When the amount in line 4 is less than the amount in line 7, enter the required copayment. DES does NOT subsidize this amount, and the parent or guardian must pay the provider.	\$		

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

This Agreement for Child Care Charges will expire on *(enter "Authorization End Date" from Certificate of Authorization)* or when program eligibility changes, resulting in 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 charges that exceed the Daily Rate on line 7, the Daily 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 Daily Rate on line 7, the Daily Charges listed on line 8, or any "Additional Fees."

Child Care Provider's Signature: _____ Date: _____

DISTRIBUTION: Original - for provider; **Copy** - for parent/guardian