

YMCA CHILDCARE RESOURCE SERVICE

STAGE 1 PROGRAM

Parent and Licensed Provider/License-Exempt Center Fee Agreement

Case Name:	_ Case #:	CCM #:		
1. Parent/Guardian Name:				
2. Provider/Center Name:				
Address where care will be provided:		()	-	
Mailing Address (if different from above):	City/S	tate Zip Code	Telephone	
3. I provider religious instruction or worship for the children in my care: YES \square NO \square				
COMPLETE FOR CHILD(REN) YOU ARE ENROLLING				
Child(ren)'s Name		Date of Birth	Date Care Will Start	

- 4. Please read the statements below. By signing this document I certify that:
 - I understand that the rate the County approves may not be the rate listed above but the rate that best fits the child's hours of need based on the rates I charge non-subsidized children, and my rates that are currently on file with the County of San Diego, Child Care Section.
 - I have five days to notify my Child Care Case Manager if I have any concerns or disagree with the hours and/ or rates listed on the Child Care Certificate.
 - Any fees and/or charges that the County is not authorized to pay are the parent's responsibility and will be the parent's copayment. If my rates are above the Regional Market Rate (RMR) set by the state, the parent is responsible for paying the
 difference
 - The contract is between the parent and me, the County is not my employer. I am responsible for withholding my own taxes, such as Social Security, Medicare, and Income taxes from my child care earnings. Child care payments are reported to the Internal Revenue Service and the Franchise Tax Board.
 - Fees charged for subsidized children are the same fees charged for non-subsidized children who are in my care.
 - The parent(s) of the above child(ren) have unlimited access to their child(ren), and to the providers caring for their child(ren) while in my care.
 - Both the parent and the provider are responsible to inform Child Care when a child is absent for 3 consecutive days. If we fail to call in the 3 day absence, the County will not pay for these days.
 - I have read and understand the Program Handbook and have received a copy.
 - I understand the Attendance Sheets must be submitted the month after care is provided. Attendance Sheets received in the
 month of care will be returned. Attendance Sheets received more than 30 days after care was provided may not be
 eligible for payment. Attendance Sheets must be completed in ink on a daily basis with the actual times of care
 provided.
 - I agree to comply with applicable licensing laws and regulations of the State of California, and County of San Diego.
 - Rate changes are allowed only once per fiscal year and are effective the month following receipt of a new agreement.
 - Under penalty of perjury, the above information is true and correct to the best of my knowledge.

Child Care Provider's Signature	Date
Parent/Guardian's Signature	Date