

**PARENT-PROVIDER FEE AGREEMENT**

*Please complete this form if you do not have an established fee/rate schedule. Providers may request a change in rate(s) only once per fiscal year. Any change in rate is effective the first of the month following receipt of a completed Parent-Provider Fee Agreement.*

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

Case Number: \_\_\_\_\_ Case Worker: \_\_\_\_\_

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

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Contact Person: \_\_\_\_\_

**I CHARGE THE FOLLOWING FEES FOR ALL CHILDREN IN MY CARE:**

Part Time Rate:

AGE	HOURLY	DAILY	WEEKLY	MONTHLY
0 - 2	_____	_____	_____	_____
2 - 5	_____	_____	_____	_____
6 +	_____	_____	_____	_____

Full Time Rate:

AGE	HOURLY	DAILY	WEEKLY	MONTHLY
0 - 2	_____	_____	_____	_____
2 - 5	_____	_____	_____	_____
6 +	_____	_____	_____	_____

**Regular Operating Hours:** \_\_\_\_\_

**Comments:** \_\_\_\_\_

Please check one:  I do  I do not provide religious instruction or worship for the children in my care.

I certify by my signature below that:

- I charge the same rates for subsidized and unsubsidized child(ren) in my care.
- Parent(s) have unlimited access to their child(ren) while the child(ren) are in my care.
- I am not receiving child care subsidies from any other source for the above children.
- I have received and reviewed the Provider Handbook.
- 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