

Child Care Assistance Family Payment Agreement

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, acknowledge that the Department of Human Services pays for my child/ren to attend Community Early Childhood Center.

My responsibility is to pay a co-pay of $\_\_\_\_\_\_\_\_ per week to the center directly. I agree to pay the total amount owed to CECC by the end of each week.

**I acknowledge that the center requires a two week written notice, or payment thereof, if I decide to remove my child from care.**

I acknowledge that if for any reason DHS stops paying my child care, I will be responsible for that payment of $\_\_\_\_\_\_\_\_. CECC’s child care rates (see handbook) will begin immediately following the cancellation date from DHS. Those will continue until assistance is reinstated and a new agreement has been received in the CECC office. Payments will be withdrawn from “back up” account in order to cover the cost of tuition (see Tuition Express Authorization form). If funds are not available in this account it will result in termination of enrollment.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date