

Child Care Programs FINANCIAL AGREEMENT

	Student identification	no.					
Child's name	Child's birth date						
(PRINT)							
Parent's name	Last four (4) digits of Parent's SSN						
(PRINT)	Laot loai (i	aigito	or r ar	On CO	30.1		
Phone (509)	E-mail						
AddressApt. no	City		State	ə	Zi	p	
	Days required:	M	□ T	□ \	N [] Th	□ F
CCS student: Yes No Campus	W(CC cc	pay/m	onth_			
Student rate/dayNon-student rate/day	Date to begin billing						
In consideration of their mutual promises hereinafter set forth, CCS Child Care Programs (hereinafter referred to as CCS Child Care) and the parent and/or legal guardian hereby agree as follows:							
RATES are re-evaluated annually. Rates and copay are subject to change at any time during the year and will be billed accordingly.							
CHILD CARE REGISTRATION FEE of \$50 per child will be charged annually.							
PAYMENT is due within FIVE days of issuance of your billing statement. PRIOR TO THE DUE DATE , a pay plan may be written by the fiscal specialist to arrange an alternate due date.							
CHILD CARE SERVICES may be reduced if payment is not made by the next billing period.							
DELINQUENT ACCOUNTS: CCS collection procedures will begin on accounts 30 days past due. Continued non-payment will result in the account being sent to a collection agency. All costs incurred in attempts to collect your account will be added to your past due account balance (CCS Administrative Procedure 5.10.01-C).							
REGISTRATION AND RELEASE OF TRANSCRIPTS will be blocked by CCS if your fees are not paid in full at the end of each quarter. This prevents further attendance at CCS and the release of your transcripts until your fees are paid (CCS Administrative Procedure 5.10.01-C).							
DROPS: You are required to give a two-week notice before your child drops from the program. You will be billed if you do not give CCS Child Care timely notice.							
LATE FEE AFTER CLOSING: A late fee of \$5.00 (per child) will be incurred by the parent/guardian for the first five minutes a child is left past closing time. An additional fee of \$1 per minute per child will be assessed for each one minute left thereafter.							
PAYMENT PLAN* (check one) ☐ Self-pay ☐ WCCC ☐ DVR ☐ Other							
PREFERRED PAYMENT METHOD Online credit/debit Campus cashier Drop box	at cashier area [] Mail	in [] FA a	auto d	eductio	on
I understand that I am responsible for all child care fees incurred in the event the above-marked subsidy does not cover the child care fees. You, the undersigned, will notify the fiscal specialist of any changes on your financial agreement. This agreement is renewable annually.							
Signature		Date					

Working Connections Child Care (WCCC) Release of Information:

I hereby authorize applicable WCCC community service office staff to exchange information with CCS Child Care Programs staff regarding WCCC.