

The following form(s) can be filled in on-line, then printed for signatures and mailing or faxing.

To begin filling out the forms in Acrobat Reader, make sure the **hand** tool is selected then click on a line or in a box and begin typing. Check boxes can be clicked on or off.



CCS Child Care Programs FINANCIAL AGREEMENT

Student Identification No. _____

Daytime Extended hour

Parent's Social Security No. _____

Child's name _____ (PRINT) Child's birth date _____

Parent's name _____ (PRINT) Phone _____ Cell _____

Address _____ Apt. No. _____ City _____ State _____ ZIP _____

Hours needed: From _____ To _____ Days required: M T W Th F

CCS student: Yes No Campus _____

Student rate _____ Non-student rate _____ EHC rate _____ WCCC copay _____ 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.

CHILD CARE REGISTRATION FEE of \$50 per child will be incurred annually.

PAYMENT is due within **FIVE** days of issuance of your billing statement. If timely payment is a hardship, meet with the fiscal specialist to arrange an alternate payment plan **PRIOR TO THE DUE DATE**.

CHILD CARE SERVICES may be suspended if payment is not made by the next billing period.

DELINQUENT ACCOUNTS may be turned over, for collection, by Community Colleges of Spokane Business Office after 30 days. All costs incurred in attempts to collect your account will be added to your past due account balance.

REGISTRATION, TRANSCRIPTS AND DIPLOMA will be held by CCS if your fees are not paid in full at the end of each quarter. This prevents further attendance at Community Colleges of Spokane and the release of your transcripts until your fees are paid.

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 \$1.00 per minute will be incurred by the parent or legal guardian if the child is left past closing time or past the individually contracted pick-up time and will be added to your account each time it occurs.

PAYMENT PLAN* (check one) Self-pay WCCC DVR Other _____

** If agency funding terminates at any point during the year, charges revert to the self-pay rate.*

I understand that I am responsible for all child care fees incurred in the event the above-marked subsidy is not approved or co-pay is revised. You, the undersigned, will notify the fiscal specialist of any changes on your financial agreement. This agreement is renewable annually.

Signature _____ Date _____ Fiscal specialist's initials _____

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 fiscal specialists regarding WCCC.

WCCC will not reimburse child care cost for child absences exceeding 5 days per month.

Signature _____ Date _____ Fiscal specialist's initials _____