

Choices for Children



Child Development Incorporated

Parent Agreement

This agreement establishes the terms under which CHOICES FOR CHILDREN will provide State Department of Education/Child Development Division Subsidized Child Care for:

(Children's name)

1. I understand that in order to qualify for the Alternative Payment Program I must meet certain eligibility requirements. Under these requirements, I understand that my eligibility for the program is subject to review for not less than 12/24 Months and shall not be required to report changes, unless my income exceeds 85 percent of the SMI (State Monthly Income Ceiling).
2. I understand that I will be billed for my family fee (if any) on a monthly basis. The family fee invoice is mailed on the 15th of the month. Payment is due by the 1st of the following month. I understand that my childcare services will be terminated if payment is not received by Choices for Children.
3. I understand any difference between what the provider charges and what the program may reimburse will be my responsibility to pay the difference to my provider.
4. I agree to sign my child/ren in and out daily, verifying actual times and full signature at the end of each month of child care.
5. I agree to keep health, medical, and emergency information for my child up to date in the provider's files.
6. I understand that Choices for Children supports the relationship between parents and child care providers. I must select my child care provider and keep my provider informed of changes affecting child care.
7. I have received a copy of the Choices for Children Parent and Provider Handbook and agree to abide by the policies and procedures as written.