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**CHILD CARE FEE**

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**SATISFACTORY PAYMENT AGREEMENT**

**CHILD CARE PROVIDER**

**CHILD CARE CLIENT**

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Phone)

\_\_\_\_\_  
(Phone)

**DELINQUENT MONTH:** \_\_\_\_\_

**TOTAL COPAYMENT AMOUNT:** \$ \_\_\_\_\_

**AMOUNT RECEIVED:** \$ \_\_\_\_\_ **(Date)** \_\_\_\_\_

**BALANCE DUE:** \$ \_\_\_\_\_

**PAYMENTS ON THE DELINQUENT FEE ARE TO BE MADE ON THE FOLLOWING DATES AND IN THE FOLLOWING AMOUNTS:**

<u>Date</u>	<u>Amount</u>
_____	_____
_____	_____
_____	_____
_____	_____

**I, the below signed Child Care Client, have agreed to make payments on my past due fee as indicated above. I understand that if I fail to fulfill**

**this agreement that my Provider is obligated to notify the County Child Care Dept. and that I can lose all Child Care Assistance for failure to pay my Child Care Fee(s).**

\_\_\_\_\_  
**( Child Care Provider)**

\_\_\_\_\_  
**(Date)**

\_\_\_\_\_  
**( Child Care Client)**

\_\_\_\_\_  
**( Date)**

**\* Original Copy to Provider, copy to client and copy to the appropriate CCDJFS Child Care worker.**