



Child Care Programs FINANCIAL AGREEMENT

ctcLink ID _____

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

Parent's name _____ Parent's Child Plus ID _____
(PRINT)

Phone (509) _____ E-mail _____

Address _____ Apt. no. _____ City _____ State _____ Zip _____

CCS student: ☐ Yes ☐ No Campus _____ WCCC copay/month _____

Student rate/day _____ Non-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 with 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 time of registration and 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, per child, of \$5.00 for the first 5 (five) minutes and \$1.00 per minute thereafter will be incurred by the parent or legal guardian each time a child is left past closing time or past the individually contracted pick-up time.

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.*

WORKING CONNECTIONS CHILD CARE (WCCC) EXCHANGE OF INFORMATION: I acknowledge CCS Child Care fiscal staff and WCCC staff may exchange information, including child care authorizations and benefits, to coordinate services. Information may be shared verbally, by computer data transfer, or mail.

PAYMENT METHOD

Campus cashier in person and/or by phone for debit/credit.

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, including but not limited to funding changes or academic student status changes. This agreement is renewable annually.

Signature _____ Date _____