



Child Care Programs CHILD CARE EXCEPTIONAL FEES

PLEASE PRINT

Parent's name* _____

Individual Picking Up: _____

Child's name* _____

LATE PICK-UP INFORMATION:

Date* _____

Pick-up Time* _____

COMMENTS* _____

Staff signature _____

FOR OFFICE USE			
Minutes late _____	x	\$1.00 per minute = \$ _____	(\$5.00 minimum fee)
Other _____		Other fee \$ _____	
		Total due \$ _____	

Prior Late Pick-up history _____

Approved by _____

****Must be completed by the staff person in charge and the yellow copy given to the parent immediately.***

White – Site

Yellow-Parent

ccs 9611 02-14

Marketing and Public Relations



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