



## DELINQUENT PARENT CO-PAYMENTS

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Child Care Provider Name: \_\_\_\_\_

County of Provider: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Failure to pay applicable parent co-payments is grounds for termination of services. Services may be reinstated or continued if the parent/guardian makes satisfactory arrangements with the provider to pay past-due parent co-payments. It is the responsibility of the child care provider to notify the Early Learning Coalition of Osceola County's Direct Service Provider, 4C, of non-payment of parent co-payments in a timely manner.

In no instances shall a parent/guardian be held responsible for more than **THIRTY (30)** days of past-due parent co-payments. Collection of past-due parent co-payments is the responsibility of the child care provider. **Under no circumstances will a parent be held accountable for other fees (including fees for meals, supplies, curriculum, and late fees) that are due to the provider.** If this form is not completed and submitted with the monthly attendance sheet, a parent may transfer without a zero balance statement.

Parent Name	Child Name	Total Parent Co-Payment Owed	Dates for which Parent Co-Payment is Owed (Past 30 days ONLY)

\_\_\_\_\_  
Printed Name of Staff Member Completing Form Position

\_\_\_\_\_  
Signature Date