



Fee Release Statement

This statement is to certify that (Client name) _____ has paid all parent fees due to (provider name) _____ for the following children:

_____	DOB _____
_____	DOB _____
_____	DOB _____
_____	DOB _____
_____	DOB _____
_____	DOB _____

Early Learning Coalition of Polk County (ELC) is not responsible for the collection of parent fees. Also, it is the policy of ELC not to hold any parent responsible for fees in the event of a change in childcare provider or termination of ELC services.

Director's signature at child care facility

Date

Parent/Guardian signature

Date

Early Learning Coalition signature

Date Received