

Fee Release Statement

This statement is to certify that (Client name)) has
paid all parent fees due to (provider name) _	for the
following children:	
DO	B
DO	B
DO	В
Early Learning Coalition of Polk County (ELC parent fees. Also, it is the policy of ELC not the event of a change in childcare provider o	to hold any parent responsible for fees in
Director's signature at child care facility	Date
Early Learning Coalition signature	Date Received