EARLY LEARNING COALITION
OF POLK COUNTY

FORM 115

Fee Release Statement

This statement shall certify that (parent/guardian name) _____

has paid all required parent co-payments due to (provider name) _____

for the following children:

Name _____ Date of Birth _____ Last date children in attendance_____

Name _____ Date of Birth _____ Last date children in attendance_____

Name _____ Date of Birth _____ Last date children in attendance_____

Name _____ Date of Birth _____ Last date children in attendance_____

Name _____ Date of Birth _____ Last date children in attendance_____

It is the provider's responsibility to collect the required parent co-payment. The Early Learning Coalition of Polk County will not hold any parent/guardian responsible for additional fees charged by the provider in the event of a change in child care provider or termination of ELC services.

_____ _____

Director Name Printed Date

_____ _____

Director's Signature Phone Number