



Day Care Assistance Agreement

I, _____, have applied for/am receiving day care subsidy from
(parent/guardian's name)

_____ county. I understand that I am responsible for all unpaid tuition if my day care subsidy application is denied or if my day care subsidy is terminated. I understand that I am responsible for submitting my pay stubs to the county at the first day of each month. I understand that I am responsible for renewing my day care subsidy contract upon expiration from the county. I understand that if I do not submit my pay stubs or renew my contract, I will be responsible for payment to Kidsabilities Day Care Center.

Parent/Guardian's Signature

Director's Signature

Date

Date