

End of Child Care Placement Form

FID # _____

Parent/Guardian name: _____

(First Name) (Last Name)

Child's 1: _____

(First Name) (Last Name)

Child's 2: _____ Not Applicable

(First Name) (Last Name)

Child's 3: _____ Not Applicable

(First Name) (Last Name)

Child's 4: _____ Not Applicable

(First Name) (Last Name)

The last day of care with my program will be on (date) _____.

The last day I will be billing Child Care Resources for care for this child(ren) is on (date)

_____.

Does this family owe any parent fees to you? YES NO

If yes, how much is owed to you? _____

(Be advised, we are only referring to parent fees assessed as part of the voucher agreement please do not include any other type of fees owed to your program)

Printed Name _____

Signature of Provider _____

Program Name _____

Date _____