**Provider / Parent Written Payment Agreement**

**Instructions:** The provider must retain a copy of each current written payment agreement at the location where child care is provided.

The provider must retain a copy of an expired written payment agreement for 3 years after the agreement is terminated and the child no longer attends. The expired agreement may be kept at a location where it can be made available to the Department of Children and Families within 24 hours.

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

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| **This Agreement is Between** |
| Business / Provider Name      | Provider Number / Location Number      /     |
| Provider Address      | Provider Phone Number      |
| Parent Name (Last, First, MI)      |
| Second Parent Name (Last, First, MI)      |
| **For the Care of** (if more than 3 children complete on separate sheet) |
| *Example:* |
| Child Name *Jones, Sally, A.* | Date of Birth*10/04/2015* | Child Care Price*$150.00 per week* | Payment Schedule*Weekly, on or before Friday* |
| A. | Child Name (Last, First, MI)      | Date of Birth (mm/dd/yyyy)      |
| Child Care Price (choose one)[ ]  $      per month[ ]  $      per week[ ]  $      other (specify)       | Payment Schedule (choose one)[ ]  Monthly, on or before       (Date of Month)[ ]  Weekly, on or before       (Day of Week)[ ]  Other (specify)       |
| B. | Child Name (Last, First, MI)      | Date of Birth (mm/dd/yyyy)      |
| Child Care Price (choose one)[ ]  $      per month[ ]  $      per week[ ]  $      other (specify)       | Payment Schedule (choose one)[ ]  Monthly, on or before       (Date of Month)[ ]  Weekly, on or before       (Day of Week)[ ]  Other (specify)       |
| C. | Child Name (Last, First, MI)      | Date of Birth (mm/dd/yyyy)      |
| Child Care Price (choose one)[ ]  $      per month[ ]  $      per week[ ]  $      other (specify)       | Payment Schedule (choose one)[ ]  Monthly, on or before       (Date of Month)[ ]  Weekly, on or before       (Day of Week)[ ]  Other (specify)       |
| This payment does not include extra charges that may be incurred for items including field trips/special events, as agreed upon in advance. Parents are responsible for paying the difference between the subsidy amount and the cost of care. |
| **Parent and Provider Agreed Upon Start Date**      |
| **Provider’s Days and Hours of Operation (as of date)**      |
| **Provider’s Policy for Deposits or Holding a Slot**      |
| **Provider’s Anticipated Closure Dates and Policy for Payment during Closures**      |
| **Provider’s Policy, and Payment Expectations, for Expected Child Absences**Note: Expected absences are those reported in advance by the parent, including vacations or appointments      |
| **Providers’ Policy, and Payment Expectations, for Unexpected Child Absences**Note: Unexpected absences are those not reported in advance, including sick days or no-shows      |
| **Provider’s Payment Dispute Policy**      |
| **Provider’s Reasons and Procedures for Termination/Expulsion of a Child(ren)**      |
| **Parent’s Procedures for Termination/Disenrollment of a Child(ren)**      |
| **Discounts or Scholarships Available to Parents/Children (such as sibling discount, etc.)**      |
| **Discounts or Scholarships Parents/Children Received and Amount of Discount**      |
| **Provider Fees**      |
| **Miscellaneous**Examples Include: Child’s Anticipated Daily Schedule, Drop-Off and Pick-Up Times, Other Policies      |
| **ATTESTATION**By signing this agreement, providers and parents agree to abide by the agreement and written policies of the provider. The provider may amend the policies by giving the parents a copy of the new or changed policy. |
| Provider Contact Name      |
| Provider Contact **SIGNATURE**      | Date Signed (mm/dd/yyyy)      |
| Parent Name      |
| Parent **SIGNATURE**      | Date Signed (mm/dd/yyyy)      |