**Provider / Parent Written Payment Agreement Checklist**

**Use of form:** This form is used by Department of Children and Families and local agency staff to ensure compliance with Administrative Rule DCF 201.038(5). Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)m). Wisconsin Statutes].

**Instructions:** The Child Care Center Name, Address, Provider ID Number/Location, Parent Name, and Child(ren) Name(s) should be prefilled prior to onsite visit. A check mark indicates the required information is complete.

| Name – Child Care Center | | Address – (Street, City, Zip Code) | | | | | | | | | Provider ID / Location Number        / | | | |
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| Family Information | | | Written Payment Agreement Information | | | | | | | | | | | |
| Parent Name | Child(ren) Name(s) | | Provider Monthly or Weekly Price | Provider fees | Discounts or Scholarships available to parents | Discounts or scholarships the parent is receiving | Parent payment schedule | Provider anticipated closure dates | Payment expectations for anticipated child absences | Payment expectations for unanticipated child absences | | Parent procedures for termination of a child | Provider procedures for termination or a child | Parent Signature and date signed |
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