



## FEE RELEASE STATEMENT

This statement is to certify that (Customer's Name) \_\_\_\_\_

has paid all parent fees due to (Provider's Name) \_\_\_\_\_

within the past 30 days, for the following children:

\_\_\_\_\_ SSN \_\_\_\_\_

\_\_\_\_\_ SSN \_\_\_\_\_

\_\_\_\_\_ SSN \_\_\_\_\_

\_\_\_\_\_ SSN \_\_\_\_\_

\_\_\_\_\_ SSN \_\_\_\_\_

**Early Learning Coalition of the Big Bend Region (ELC of the Big Bend Region) is not responsible for the collection of parent fees.**

**Also, it is the policy of ELC of the Big Bend Region to not hold any parent responsible for fees that are more than 30 days past due in the event of a change in childcare providers or termination of Early Learning services.**

\_\_\_\_\_  
Director's Signature-Day Care Facility

\_\_\_\_\_  
Date

I wish to enroll my child/ren with:

\_\_\_\_\_  
New Chosen Provider

\_\_\_\_\_  
Start Date

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
ELC of the Big Bend Region Signature

\_\_\_\_\_  
Date Received