



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

Parent/Guardian's Signature

Date

ELC of the Big Bend Region Signature

Date Received