Solano Family & Children's Services
Your Child Care & Resource Connection

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PAYMENT AGREEMENT FOR DELINQUENT FAMILY FEES

(Payable to the Child Care Provider)

Parent Name: _____

Provider Name: _____

Past Due Family Fees Total: $ _____ (include the amount due this month)

List the months past due: _____

I agree to pay my child care provider $ _____ on or before the _____
Date/Day

of each month beginning _____ . The total amount of $ _____ will
First Payment Date

be fully paid on or before _____ .
Last Scheduled Payment Date

_____ Initials I understand that I must continue to pay my current monthly family fee in addition to my delinquent payment agreement amount, as stated above, in order for my child care services to continue.

_____ Initials I understand that if I do not make my payments as stated above, I will be required to pay the full amount due (past due amount plus any current fees due), or my child care services will be terminated by SFCS.

_____ Initials I understand that if my services are terminated, I am not eligible for re-enrollment until all of my past due family fees are paid.

_____ Initials I understand that SFCS will not reimburse a new child care provider until all my past due family fees are paid in full, or my provider accepts a payment agreement.

_____ Parent Signature _____ Date

_____ Provider Signature _____ Date