

Childcare Fee Subsidy Agreement

1. It is my understanding that I will receive written notification of my child care subsidy decision. The approval letter will include: the child(ren) that subsidy is approved for; where subsidy is approved; the effective date of subsidy; the subsidy amount and the parent/caregiver contribution. Any other costs will be my responsibility.
2. I will notify the Human Services **immediately** of any changes in my circumstances, such as:

➤ Name	➤ Employer/school
➤ Number of people living in my household	➤ Address
➤ Wages or any other income	➤ Marital status

Failure to do so may result in the termination of your child care subsidy.

3. I will give **two weeks written** notice to the child care provider and to Human Services in advance of:

◆ Withdrawal	◆ Transfer
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4. I understand that my approval depends upon my full co-operation with the above and that failure to co-operate may result in the full cost of the care being charged to me and/or the loss of my child care.
5. Children that are of school age are to use Full Day Kindergarten unless there are special circumstances which must be documented by a 3rd party recommendation.
6. **ABSENT DAYS** – regular attendance of all children is required. In the case of sick/absent/vacation all families using full time care (4-5 days/week) are allowed **24 absences per year**. All families using part time care (3 days/week or less) are allowed **12 absences per year**. Once the allotted sick/absent/vacation absences have been used, it will be the client's responsibility to pay the program for any other absences which occur within the current year.
Note: Absent allowance is prorated, based on the month in which the child is enrolled.
7. I understand that my approval is:
 - Only for the days which I work and that the hours of care are not to exceed my working hours.
 - Only for the days which I attend school and are not to exceed the hours that I am in school.
 - Only for the days and hours specified in my approval letter as recommended in the Therapeutic Referral Form. Approvals based on Therapeutic Referrals will be reviewed no less than every twelve (12) months.
8. I agree to co-operate with any other policies of the program which my child(ren) attends.
9. I will promptly pay my share, if any, of the costs to the program which my child(ren) attends. Fees are to be paid during the month in which the child care service is provided.
10. My eligibility for child care subsidy will be reviewed no less than every twelve (12) months.
11. All childcare arrears with the child care provider must be paid in full before further child care subsidy approval will be given for any other child care provider.
12. Oxford County will not be responsible for any payments for changes in child care placements if not reported in advance by the Child Care Provider or client. **Prior approval (written or verbal) must be given in advance by Human Services in order to receive payment for the changes or new placement.**

I have read and understand the above Childcare Fee Subsidy Agreement:

→Parent/Guardian: _____ →Date: _____

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