



## Fee Release Statement

This statement is to certify that (Client name) \_\_\_\_\_ has paid all parent fees due to (provider name) \_\_\_\_\_ for the following children:

\_\_\_\_\_ DOB \_\_\_\_\_  
\_\_\_\_\_ DOB \_\_\_\_\_  
\_\_\_\_\_ DOB \_\_\_\_\_  
\_\_\_\_\_ DOB \_\_\_\_\_  
\_\_\_\_\_ DOB \_\_\_\_\_  
\_\_\_\_\_ DOB \_\_\_\_\_

Early Learning Coalition of Polk County (ELC) is not responsible for the collection of parent fees. Also, it is the policy of ELC not to hold any parent responsible for fees in the event of a change in childcare provider or termination of ELC services.

\_\_\_\_\_  
Director's signature at child care facility

\_\_\_\_\_  
Date

\_\_\_\_\_  
Early Learning Coalition signature

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