



Panola College Day Care Assistance Agreement

Licensed Child Care Provider: State: License No.:

Mailing Address (Street, City, State, Zip):

Federal Tax ID: Contact Person: Phone:

_____ has applied for assistance with child care while attending classes at Panola College for the _____ semester 20_____. She/he must meet the monthly progress requirements on grades and attendance. Should the student fail to meet these requirements, funds may be immediately cancelled.

For payment of services, please return a completed Child Care Payment Request Form by the end of the 3rd working day of each month for services rendered during the previous month. Checks will be mailed to you on or before the 15th of the month.

Rate per child/per week:

Child's Name: <input type="text"/>	Amount per Week: <input type="text"/>
Child's Name: <input type="text"/>	Amount per Week: <input type="text"/>
Child's Name: <input type="text"/>	Amount per Week: <input type="text"/>
Child's Name: <input type="text"/>	Amount per Week: <input type="text"/>

Child Care Services pays day care only on the days classes meet. The parent is responsible for charges not covered under this agreement.

To parent(s) and day care providers: Panola College nor any of its employees accept responsibility for the quality of child care provided, accidents to and from the day care facility or accidents at the day care facility. You may change providers if you desire, but all outstanding bills must be paid before changing.

By signing below, I understand and agree to accept the above provisions.

Parent/Student

Date

Child Care Provider

Date

Child Care Services Coordinator

Date