



Panola College Child Care Assistance Agreement

Licensed Child Care Provider:	State:
License No.:	Contact Person:
Mailing Address:	
City, State:	Zip:
Phone #:	Federal Tax ID:
<p>_____ has applied for child care assistance while attending classes at Panola College for the _____ semester 20___. She/he must meet the monthly program requirements for eligibility. Should the student fail to meet the program requirements, funds may be immediately cancelled.</p> <p>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.</p>	
RATE PER CHILD	
Child's Name:	Amount per Week:
Child's Name:	Amount per Week:
Child's Name:	Amount per Week:
Child's Name:	Amount per Week:
Child's Name:	Amount per Week:
<p><i>The Child Care Assistance program pays day care only on days classes meet. The parent is responsible for charges not covered under this agreement.</i></p> <p>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.</p>	
By signing below, I understand and agree to accept the above provisions.	
_____ Parent/Student	_____ Date
_____ Child Care Provider	_____ Date
_____ Panola College Child Care Coordinator	_____ Date

Panola College is an Equal Opportunity Institution that provides educational and employment opportunities on the basis of merit and without discrimination because of race, color, religion, sex, age, national origin, veteran status, disability or genetic information.