

Kids Co. Subsidy Agreement

You may not cross out or otherwise change this agreement, this is a legal document.

Mark the program that applies (choose only one):

- DSHS, STATE OF WASHINGTON CHILD CARE SUBSIDY PROGRAM
- HSD, CITY OF SEATTLE CHILD CARE SUBSIDY PROGRAM
- SCHEDULE B, KIDS CO. REDUCED TUITION PROGRAM

For families who receive subsidies through the State of Washington (DSHS):

- Parents are responsible for initiating and maintaining their DSHS coverage. Submitting the WCCC Part II of the Provider Profile form to the center director does not guarantee the authorization of care through DSHS. I understand that **in order for my child to attend**, Kids Co. must receive a copy of my award letter authorizing payment for care from DSHS **PRIOR** to beginning care at Kids Co.
- Kids Co. must receive the indicated co-pay amount in full** in order to start care and for each month following. Co-pay amounts are due in full by the 5th of the month unless a signed payment agreement has been completed. Failure to pay the monthly co-pay will be reported to DSHS and may be cause for termination both from Kids Co. and the DSHS child care subsidy program.
- DSHS allows for 5 absences per month of care. **I understand that if my child is absent more than the allotted 5 times per month, my subsidy may be in jeopardy.** In cases of excessive absences I will inform the Center Director in advance whenever possible. I understand that excessive absences without notice or a reasonable cause may affect my child's enrollment status and will be reported to DSHS.
- I understand that my DSHS subsidy is subject to renewal periods set by DSHS.** In order to maintain my coverage, I agree to submit completed renewal paperwork on time to DSHS. I will inform the Center Director of any changes to my coverage as soon as possible. I understand that without verification of continuing coverage, Kids Co. may suspend my child's care until notice is given that coverage has been renewed.
- In the event that DSHS coverage is not verified by the 5th of the month following my renewal date, I understand that my child care may be suspended or payment in full for the advance month will be due. In the event that my coverage is renewed retro-actively, my payment will be refunded (minus any applicable co-pay or other outstanding charges).
- I understand that I am responsible to report changes in my work status or my child's schedule (i.e. going from school-year to summer etc.) to DSHS 30 days in advance of the change.

This agreement is in effect for the time period that coincides with the subsidy program that applies to my family. Policies for complete withdrawal from the program are outlined in the Parent Handbook and the Tuition Agreement.

Signature: _____ Date: _____

Date a copy of this agreement was given to Parent/Guardian: _____ Initials: _____

For families who receive subsidies through the City of Seattle (HSD):

- Parents are responsible for initiating and maintaining their HSD coverage.** I understand that HSD does not cover the cost of registration and/or deposits and that I am responsible for the regular enrollment deposit and registration fees at the time of enrollment.
- I understand that I must submit all appropriate paperwork to HSD and bring a copy of the authorization voucher to Kids Co. PRIOR to my child starting the program.**

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- 1 **The City of Seattle subsidy program provides only a portion of my childcare fees.** I understand that I am responsible for the remaining balance. In the event that HSD does not grant coverage or renew coverage, I understand that I am responsible for the tuition for care IN ADVANCE for the coming month. I understand that I must give 30 days written notice of withdrawal.

- 1 **I understand that I must notify HSD of changes to my work status or child's schedule including absences.** In cases of excessive absences I will inform the Center Director and HSD administrator in advance whenever possible. I understand that excessive absences without notice or a reasonable cause may affect my child's enrollment status and HSD will not pay the full authorized amount.

- 1 **I understand that in all cases where HSD does not pay the full authorized amount, I am responsible to pay the difference between the authorized amount and the actual amount received.**

This agreement is in effect for the time period that coincides with the subsidy program that applies to my family. Policies for complete withdrawal from the program are outlined in the Parent Handbook and the Tuition Agreement.

Signature: _____ Date: _____

Date a copy of this agreement was given to Parent/Guardian: _____ Initials: _____

For Families who receive Kids Co. Schedule B or Scholarship:

- 1 Schedule B is only available to those who are not eligible for HSD or DSHS subsidies.

- 1 Schedule B is only available to those families that meet Kids Co.'s guidelines for family size and income.

- 1 **I understand that I must complete all Schedule B paperwork and return to the Center Director before any subsidy may be applied to my account.** I understand that I am responsible for all fees including but not limited to: tuition charges, registration and deposit fees, late pick up or late payment fees, and NSF charges.

- 1 **I understand that my Schedule B or Scholarship subsidy must be renewed at least every 6 months and will require proof of income.** Some renewal periods may be shorter than 6 months.

This agreement is in effect for the time period that coincides with the subsidy program that applies to my family. Policies for complete withdrawal from the program are outlined in the Parent Handbook and the Tuition Agreement.

Signature: _____ Date: _____

Date a copy of this agreement was given to Parent/Guardian: _____ Initials: _____