



# CCS Child Care Programs CHILD CARE EXCEPTIONAL FEES

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Parent's name\* \_\_\_\_\_

Child's name\* \_\_\_\_\_

**LATE PICK-UP INFORMATION:**    Date\* \_\_\_\_\_    Pick-up Time\* \_\_\_\_\_

Minutes late	_____	x \$1.00 per minute = \$	_____
Other	_____	Other fee \$	_____
		<b>Total due \$</b>	_____

COMMENTS\* \_\_\_\_\_  
\_\_\_\_\_

Staff signature\* \_\_\_\_\_ Approved by \_\_\_\_\_

*\*Must be completed by the staff person in charge and the yellow copy given to the parent immediately.*