



Cari Marquez
President, Board of Directors

Melanie R. Santana
Executive Director

STATEMENT OF RELEASE
Other Child Care Cost/Pay Outside Babysitter

Parent/Guardian Name: _____

Children's Names: _____

I hereby certify that I am paying:

Name of Child Care Provider/Babysitter: _____

Address of Child Care Provider/Babysitter: Home _____
Business _____

Telephone Numbers of Child Care Provider/Babysitter: Home _____
Business _____

to take care of my children (Child's Name) _____ (Age) ____
(Child's Name) _____ (Age) ____
(Child's Name) _____ (Age) ____

I pay the amount of: \$ _____ in Cash/Check/Money Order (Circle One)
Weekly, Bi-Weekly, Twice a Month, Monthly (Circle One)

I understand that I need to provide a copy of my payment every month with a statement from my Child Care Provider/Babysitter attached. Failure to provide this proof will result to paying the full-time flat rate fee applied.

I swear under penalty of perjury, to the best of my knowledge, that the above information is correct.

Parent/Guardian Signature: _____ Date: _____

FOR OFFICE USE ONLY:

Notes: _____

MCCC Administrative Representative: _____ Date Verified: _____