

## STATEMENT OF PARENTAL CHOICE

I, \_\_\_\_\_, hereby certify that I have made the choice of provider(s) to provide child care services for my child(ren).

I certify that parental choice has been explained to me and I understand I am free to choose any legally operating child care provider, including a licensed child care center, an exempt church center, a licensed family or group day care home, a relative who resides outside of my home, an individual (related or unrelated) who comes to my home to care for my child, or any other exempt from licensure child care setting, such as a YMCA.

I understand that if I choose an in-home provider, I am subject to the requirements of the federal Fair Labor Standards Act, and that I am responsible for paying the difference between what the Child Care Management Agency pays and the federal minimum wage. In addition, I understand that I am responsible for the additional requirements of being an employer (paying employment taxes, etc).

I understand that I may change my chosen child care provider anytime by providing the Child Care Management Agency with written or verbal notice and a receipt or statement from my current provider verifying that all my parental fees are paid in full in advance of the change.

I understand that I have the right to have access to my child(ren) anytime upon my request to my child care provider, and if the provider fails to provide such access that I should report this refusal to the Child Care Management Agency immediately.

I have discussed my child's care with this provider, and I understand that if my chosen provider charges additional rates and fees that I am solely responsible to the provider for the full amount of the additional charges, including, but not limited to, the following:

- Registration fees;
- Late pick-up fees;
- Any amount greater than the maximum amount of subsidy and my assigned parental fee; and,
- Any other mandatory or optional rates and fees.

I understand that these additional rates and fees are in addition to the parental fee I am required to pay as a condition of my child's eligibility for subsidy. I further understand that I am not required to select a provider that charges additional rates and fees and that I have made this choice of my own free will.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Social Security Number

\_\_\_\_\_  
Worker Signature

\_\_\_\_\_  
Date