

End of Child Care Placement Form

FID # _____

Parent/Guardian name: _____
(First Name) (Last Name)

Child's 1: _____
(First Name) (Last Name)

Child's 2: _____ Not Applicable
(First Name) (Last Name)

Child's 3: _____ Not Applicable
(First Name) (Last Name)

Child's 4: _____ Not Applicable
(First Name) (Last Name)

The last day of care with my program will be on (date) _____.

The last day I will be billing Child Care Resources for care for this child(ren) is on (date)
_____.

Does this family owe any parent fees to you? YES NO

If yes, how much is owed to you? _____

*(Be advised, we are only referring to parent fees assessed as part of the voucher agreement-
please do not include any other type of fees owed to your program)*

Printed Name _____

Signature of Provider _____

Program Name _____

Date _____