



CLIENT AGREEMENT

PLEASE READ AND INITIAL THE FOLLOWING STATEMENTS:

I agree to:

1. Be responsible to promptly pay or make arrangements to pay co-payment and/or other fees to the provider. _____
2. Notify the Child Care Provider:
 - a) If child is ill or otherwise unable to attend
 - b) The child is no longer in need of services _____
3. Notify the Ottawa Tribe CCDF Program:
 - a) Of any change in contact information _____
4. Notify the Ottawa Tribe CCDF Program before any change of childcare facility.
You must:
 - a) Request change in writing (email, fax, mail)
 - b) Include: child's name, date of change, new childcare facility
 - c) Must be approved prior to making change _____

All outstanding payments (co-pay, etc.) must be paid in full prior to any changes.

5. Be responsible for certifying my child's attendance in child care by signing the claim form maintained by the facility at the end of each month's care.

I further understand I am NEVER to sign a blank attendance record. _____

I agree to provide the Ottawa Tribe Child Care Program all information necessary to verify any statements made in the application and hereby give permission for the Ottawa Tribe to obtain such verification.

I affirm under penalty that the information given in this application is complete and correct to the best of my knowledge and belief. I understand and agree that if any statement is false and results in my receiving benefits for which I am not eligible, I am subject to prosecution for fraud and may be denied future benefits.

DISCLAIMER ON LIABILITY ON CHILDREN

I understand my right to parental choice in choosing a provider and agree to hold the Ottawa Tribe of Oklahoma harmless from any liability, claims, damages that may result from the childcare provider's performance of its obligations under this agreement.

I UNDERSTAND BY SIGNING THIS FORM THAT I AGREE TO ANY AND ALL TERMS OF THIS AGREEMENT.

Client Signature

Date

Ottawa Tribe CCDF Staff

Date