

**REFUSAL OF BACK-UP CARE DATES**

Start: _____ End: _____

Permanent Provider: _____ Tel: _____

Address: _____ City: _____

PARENT / GUARDIAN'S INFORMATION

Parent's/Guardian's Name: _____ Tel: _____

Address: _____ State: _____

CHILDREN NAMES

Child's Name: _____ DOB: _____

Child's Name: _____ DOB: _____

Child's Name: _____ DOB: _____

Child's Name: _____ DOB: _____

Child's Name: _____ DOB: _____

☐ I, _____ have been offered back-up care but have decided to refuse back-up care and stay with my children.☐ There is no back-up care available.

By signing this form, I understand that I will not be charged my parent fees for the dates I have refused back-up care. I understand that if I change my mind and do want back-up care, I will need to complete a Back-up Care Form and my parent fees will be charged based on the days my child attends child care.

PARENT'S SIGNATURE: _____ **DATE:** _____