



**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: \_\_\_\_\_

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:** \_\_\_\_\_