Revise el nombre del padre y del niño.

CCCC Mojave
2340 Highway 58, Mojave, CA 93501
Specialist: _ Ext:

Revise la fecha de inicio

CHILD CARE SERVICE CERTIFICATE

Parent Name: Minnie Mouse Family ID: 1234 Start Date: **5/10/2024** End Date:

Parent's Address: 12345 Street Address, Bakersfield, CA 99999-0000

Telephone Number: (661) 861-1234

Child's Name: Mickey Mouse Prag. Code: **C1AP** Child's ID: 9876 DOB: **10/7/2015** Age: **8.59**

Regular Schedule						Vacation Schedule					
Days		Daily	Wkly	Rate		Days		Daily	Wkly	Rate	
V	S M T W T F S	Hrs	Hrs	Type	Rate	V	S M T W T F S	Hrs	Hrs	Type	Rate
		4.33	21.65	Monthly	FTI			8.75	43.75	Monthly	FTI $477.48
					PTI $364.86						PTI

Revise la tasa de pago

Other Rates

Rate Type FT/PT RegNac Rate

Notes: This schedule discloses the expected attendance. Hours and rates may vary up to a maximum of 43.75 hours.

Schedule ID: 358923 Sibling Discount O Yes

Registration/Materials Fee _____ Fee Date _____

Regional Market Rate

Full-Time Daily $28.17
Full-Time Monthly $477.48
Part-Time Weekly $92.17
me Weekly $116.40
me Hourly $6.64
e Monthly $364.86

Revise la información del proveedor de cuidado infantil

Provider Name: Daisey Duck Child Care Provider Provider ID: 15545

Mailing Address: 3456 Child Care Provider Street Type of Care: **Exempt In-Home (Relative)**

Bakersfield, CA 98 745-1234 Telephone No:

Parent confirms the information on this certificate is a true re of their child care needs. Any falsification of information may be grounds for termination. Any co-payment to the Provider is the sole responsibility of the parent. Parent and Provider concur with the terms and rates on this certificate.

Parent Signature Date

Firme y feche

Provider Signature Date

Staff Signature Date

CDC 181 P. I (1/98) Print Date: