

## PARENT/CARETAKER ACKNOWLEDGEMENT AND CONSENT TO AN OVERAGE FEE

I, \_\_\_\_\_, want to enroll my  
(PRINT PARENT'S NAME)

Child/children at the \_\_\_\_\_  
Child Center, Group Home, or Family home licensed by the State of  
Tennessee. I understand this child care provider's rates are higher than the  
rate the State of Tennessee pays for a child in the Child Care Certificate  
Program. I understand that this difference will not be paid by the state of  
Tennessee and that if I enroll my child at this provider, I will be responsible  
for any difference. This difference is called an overage fee. There will be  
an overage charge for each child that is enrolled. By signing this agreement  
I understand I will be expected to pay this overage fee. This agreement is  
between the child care provider and me.

All the above has been explained to me and I still wish to enroll my  
child/children. The following child/children will be attending the above  
listed child care provider:

Child's Name : \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I know that if I have a co-pay fee with the Department of Human Services,  
the co-pay fee must be paid to remain eligible for the Child Care Certificate  
Program. If I do have a co-pay fee, this must be paid in addition to the  
Overage Fee charged by this child care provider. I understand I will be  
given a copy of this form.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Today's date

\_\_\_\_\_  
Witness of Child Care Provider Title

\_\_\_\_\_  
Today's Date