



Valley Oak Children's Services Child Care Payment Program Provider Policies and Procedures Signature Page

I, _____, have read, understand, and agree to follow Valley Oak Children's Services' Child Care Payment Program Provider Policies and Procedures as stated above.

I, _____, verify that the rates and fees charged for services at my Center/Family Child Care Home are the same for all families enrolled at the facility regardless if private-pay or subsidized.

I, _____, have read, understand and acknowledge the monthly schedule of reimbursements.

Please add me to the VOCS Provider E-Newsletter mailing list.

Email Address: _____

Provider Signature

Date

Provider Name Printed

Facility Name

License Number

Valley Oak Children's Services Staff

Date