EARLY LEARNING COALITION OF SARASOTA COUNTY
Child Care Connection of Sarasota

2886-C Ringling Blvd., Sarasota, FL 34237 **Phone: (941) 556-1600 Fax: (941) 556-1606**

MONTHLY PARENT FEE REPORTING FORM

Provider: _____

Provider ID: _____ - _____

Reporting Month: _____

☐ **I have nothing to report. I have collected all Parent Fees.**

☐ **I have UNCOLLECTED Parent Fees to report.**

Total Fees **NOT** Collected Amount $_____

☐ Please call me. I have some concerns about collecting the below referenced parent fees, and need your assistance.

List the **Month of Service**, **Child Name** and **Amount** owed for each child whose parent has NOT paid you their required *School Readiness* parent fees. Please separate months - do not list multiple months on one line.

Month of Service	Child Name	Parent Fees NOT Paid

This information MUST be completed and returned with your monthly attendance sheets in order for your request for payment to be processed, even if all fees have been collected. Thank you.

Signature of person completing this form:_____

Date: _____

Please submit to: Child Care Connection of Sarasota
2886-C Ringling Blvd
Sarasota, FL 34237
Fax: (941)556-1606

This form may be mailed or hand delivered to the above address, placed in the locked drop box next to the front door of the above address or faxed to the above fax number.

For Office Use Only

Processed By: _____ Date: _____