STATEMENT OF PARENTAL CHOICE

I,	, hereby certify that I have made the choice of my child(ren).	
I certify that parental choice has been explained to me and I understand I am free to choose any legally operating child care provider, including a licensed child care center, a licensed family or group day care home, a relative who resides outside of my home, or any other excepted from licensure child care setting, such as a YMCA.		
I understand that I may change my chosen of Child Care Management Agency with written	child care provider anytime by providing the n or verbal notice.	
I understand that I have the right to have access to my child(ren) anytime upon my request to my child care provider, and if the provider fails to provide such access I should report this refusal to the Child Care Management Agency immediately.		
I have discussed my child's care with this provider, and I understand that if my chosen provider charges additional rates and fees that I am solely responsible to the provider for the full amount of the additional charges, including, but not limited to, the following:		
 Registration fees; Late pick-up fees; Any amount greater than the man parental fee; and, Any other mandatory or optional in 	ximum amount of subsidy and my assigned rates and fees.	
I understand that these additional rates and fees are in addition to the parental fee I am required to pay as a condition of my child's eligibility for subsidy. I further understand that I am not required to select a provider that charges additional rates and fees and that I have made this choice of my own free will.		
Parent Signature	Date Case ID	
CMA Worker Signature	Date	