



Little Bitty Bitty City Enrichment Center
185 Cornerstone Ln.
(501) 525-0660

AR Department of Education Office of Early Childhood (OEC) Childcare Assistance Voucher Agreement

_____ I am aware as a Parent/Guardian that I am responsible for late pick up fees.

Initial

_____ I am aware as a Parent/Guardian that I am responsible for paying the remaining
Initial
balance of Parent Fee from the OEC Voucher Authorization Information provided by your case
worker.

_____ DHS will not pay for services delivered before or after the dates shown on the
Initial
Certificate of Authorization. LBCEC agrees to not accept the child(ren) without written approval from
an authorized OEC representative or Certificate of Authorization obligating OEC.

**The Parent/Guardian will pay out of pocket if you bring your child(ren) outside of the approval dates
given by OEC.**

_____ I am aware as a Parent/Guardian that after I have allotted the allowed absences, **no**
Initial
matter how many doctor's excuses we receive, as seen below here, I am responsible for the
remaining balance with Little Bitty City Enrichment Center.

PARTICIPANT RESPONSIBILITIES
BILLING AND FINANCIALS CONT.
SECTION IV. E

Trimester	Days allowed	Not to exceed
July – October	12*	6 in a given month**
Nov. – Feb.	16*	8 in a given month**
March – June	12*	6 in a given month**
*Days will be pro- rated based on the start date of the authorization	**The participant reserves the right to charge the client for absentee days that exceed the above limits	***Absentee days will follow the child per calendar year **TEA and FOSTER CARE Clients are exempt from all fees

Child's Name: _____

Parent's Name: _____

Parent's Signature: _____

Date: _____

- ☐ I would like a copy of this LBCEC voucher acknowledging of my responsibilities of possible
payments.