

State of New Jersey
DEPARTMENT OF HUMAN SERVICES
CHILD CARE CERTIFICATE PROGRAM
NOTICE OF FAILURE TO SUBMIT CO-PAYMENT FEES

To: Child Resources
3301 C Route 66
PO Box 1234
Neptune, NJ 07754

From: _____

Date: _____ **Family ID#:** _____

Parent's Name: _____

To Whom This May Concern:

This is to serve as notice that the parent identified above has failed to submit the co-payment fees as agreed. The total co-payment fee now due is \$ _____. This amount represents _____ weeks of childcare service.

As a result of the amount due, I will be terminating child care services to this Family effective _____.

Provider Name: _____

Address: _____

Amount Due: \$ _____ **Period of Service:** _____ to _____

If this payment is made prior to the termination date, I agree to contact the county child care agency if I intend to permit continuation of childcare services.

Please Note: If terminated from the program the parent is still responsible for Payment of any fee owed.

(Signature of child care provider)

(Title)