



Regular Child Care Voucher

Commonwealth of Massachusetts

Printed on: 05/11/2011

Section I: Parent/Guardian Information

Name (Last, First, M.I.)	DOE, JANE	CCRA	PACE INC CHILD CARE WORK	Service Code	3B
Address	1 SOMEWHERE ST.	Home Telephone	(508) 000-0000 Ext.		
City/Town	SOMEWHERE	State	MA	ZIP	00000
School / Work Telephone	()-				

Section II: Child Care Provider Information

Umbrella Name	PROVIDER 1	Provider Name	PROVIDER 1
Name (Last, First, M.I.)	1, PROVIDER	Name (Last, First, M.I.)	
Address	1 EASY ST.	Address	1 EASY ST.
City/Town	SOMEWHERE	State	MA Zip 0000
City/Town	SOMEWHERE	State	MA Zip 0000
Telephone	Fax:	Telephone	Fax:

Section III: Placement Information

Start Date 05/09/2011 End Date 05/31/2011

Section IV: Child(ren) to receive care from the Child Care Provider

Client ID	Names	Date of Birth	Prog Type	S	M	T	W	Th	F	S	Rate	Parent Fee	Trans Fee
WL-DL	CHILD 1 DOE	12/13/2005	PS		F	F	F	F	F		\$25.00	\$9.00	\$0.00

Section V: Parent / Guardian Signature and Agreement

The CCRA staff has discussed with me State Department of Early Education and Care (EEC) licensing and registration regulations for center-based programs and family day care homes. I understand that certain programs are not subject to licensing regulations. I have made an informed choice of the child care provider named on this voucher and agree to hold the State, the child care program and the CCRA harmless from any injury or neglect to my child(ren) which results while in the care of the child care provider

I understand that I am responsible for renewing this voucher at least two weeks prior to the end date specified in Section V below and agree to inform the CCRA staff and the child care provider within ten (10) business day if my income, family size or service need changes. I agree to give the CCRA and the day care provider a minimum of fourteen (14) calendar days written notice of my intent to change providers or to terminate services. I understand that failure to pay the assessed parent fee to the provider may mean a loss of child care services.

I understand that payment of this voucher and the availability of child care services are contingent upon continued appropriation of funds by the Legislature and agree not to make any claims against the Commonwealth of Massachusetts or PACE INC CHILD CARE WORKS arising out of failure to pay due to lack of appropriated funds. I have read or have read to me this Agreement and I understand and accept its terms. I have been informed of my rights to a fair hearing should my child care benefits be reduced or terminated.

Parent / Guardian Signature _____ Date _____

Section VI: Authorization

Authorized by _____ Date _____

Agency PACE INC CHILD CARE WORKS
105 WILLIAM ST FL 4
NEW BEDFORD, MA 02740

Telephone (508) 999-9930