

**TRINITY EDUCATIONAL MINISTRIES**

**Sonshine Preschool & Day Care**

*New Hampshire Child Care Reimbursement (State Aid) Orientation and Instructions*

Trinity Educational Ministries is under no obligation to accept students who receive State Aid. This is a ministry therefore we choose to accept students who receive State Aid. In order for us to bill the state for child care we need to meet certain requirements, as do you to receive it.

Per the Parents Handbook:

State Aid: Please realize when you receive state aid, you must still keep your account current. It is your sole responsibility to turn in weekly paperwork and payments. Failure to do either of these may result in late charges and/or your child being suspended / dismissed. Please see Late Payment Charge and Delinquent Accounts.

It is your responsibility to completely and correctly fill out and hand in the forms needed to bill the state on time. On the next page you will find a copy of the Child Care Payment Request Invoice. You are responsible to fill out the areas that are circled and then sign, date and provide your Social Security Number. If you fail to do so it will delay payment and may result in late fees being assessed to your account.

It is your responsibility to keep your account current. We prepare and send the forms on the Monday of the following week. Typically, we receive payments from the state two weeks after we submit them. Therefore you are responsible to keep you account balance below the amount that the state pays in a two week period. The exact amount should be established with-in a month after school begins. If you fail to do so it will result in late fees being assessed to your account.

It is your responsibility to sign your child in and out each day so that we have record of their attendance. Failure to do so may result in the state not being billed and you being responsible for those days.

Per the Parents Handbook:

**Late Payment Charges**

Payments are expected by Friday for that billing week. If we don't receive a payment by Friday a late fee of \$5.00 will be charged to your account on the following Monday. If you are on the monthly payment plan you must stick to the plan you set up. If payment to your account is not received according to the agreement you will be assessed a \$20.00 (\$5.00 per week) late fee on the following business day.

After one week if your account is still unpaid, and you have not communicated with the director about paying your bill, your child may be suspended until the balance is paid in full. Students who are suspended can begin attending again after the balance is paid in full. You will not be charged for the time your child is suspended. If a balance is not paid off and the student reinstated within two weeks of suspension then the student will be dismissed, will lose the position in the class and be charged an early withdrawal fee of \$50.00. Said student can be reinstated if the position in the class is still available and the account is paid in full.

In order for us to bill the state on any given day, your child must be present. We cannot bill on holidays, when we are closed or on days that your child is absent. In all of these cases you would be responsible for the portion of the bill represented by the above mentioned days.

I have read and understand the instructions and my obligation for my account.

\_\_\_\_\_  
Parent's signature

\_\_\_\_\_  
date

\_\_\_\_\_  
Director's signature

\_\_\_\_\_  
date

**CHILD CARE PAYMENT REQUEST INVOICE**

Type or print all information. Please read the instructions on the back before you begin. Be sure to sign your name at the bottom of the form.

Provider Name and Mailing Address:

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

Parent Name and Mailing Address:

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

Child's Name and ID Number:

Last: \_\_\_\_\_  
 First: \_\_\_\_\_

Child's ID #:

**This Week's Charges**

List the registration number, code, name and telephone number of the child care provider. The registration number and code must be completed in order for the bill to be paid.

Registration Number	Code (Below)	Child Care Provider's Name	Telephone Number
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	_____	_____

Enter one of the following codes in the code box above:

- 01 Center Care
- 02 Group Family Day Care (two caregivers) by a relative
- 03 Group Family Day Care (two caregivers) by a non-relative
- 04 Family Day Care (one caregiver) by a relative
- 05 Family Day Care (one caregiver) by a non-relative
- 06 In child's home, child care by a relative not residing in home
- 07 In child's home, child care by a non-relative
- 08 Other or Unknown

Provider Key Name	Provider Service Code (Enter 31 if Licensed or 32 if License-Exempt)
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

**Child Care Services Received**

Weekday	Date (mo/day/yr)	Number of Hours
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		
Total Hours		
Actual Amount Charged This Week		

Payment is requested for the child care services listed above. It is understood that payment will only be made for services actually received. No extra costs or fees have been listed for days this child was not in child care. It is understood that payment will not be made if the person providing child care lives in the child's household, is a parent of the child or does not meet state licensing requirements.

**I CERTIFY THAT I HAVE READ AND UNDERSTAND THE ABOVE STATEMENT AND CERTIFY THAT THE INFORMATION ON THIS BILLING FORM IS TRUE AND ACCURATE.**

X \_\_\_\_\_  
 Parent's Signature

X \_\_\_\_\_  
 Parent's Social Security Number

X \_\_\_\_\_  
 Date

\_\_\_\_\_  
 Child Care Provider's Signature

\_\_\_\_\_  
 Child Care Provider's Resource ID Number

\_\_\_\_\_  
 Date

White Copy - Data Management

Yellow Copy - Child Care Provider

Pink Copy - Parent

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