



CHILD CARE DEDUCTION FORM

This form should be completed immediately following the completion of the enrollment application. Please be sure to complete the blanks below with the information requested in the bold type.

I, _____ (employee name) agree to allow CLEVER BEE ACADEMY to withhold, \$ _____ (weekly contribution or weekly co-pay amount; *please attach a copy of the most recent Enrollment Summary or equivalent document to confirm co-pay amount listed*), per week to cover the child care costs associated with the enrollment of my child(ren) at the _____ (academy child(ren) will be attending) academy location beginning on _____ (effective date of enrollment).

In the event that a payroll deduction is not set up as outlined above, I understand that I am liable for any and all charges incurred for the child care services provided to my child(ren) which commenced on the above date. I agree to inform my employer in writing if/when the co-pay amount or days of contracted attendance changes.

I also understand that should I leave my employment with CLEVER BEE ACADEMY, all outstanding child care costs will be deducted in full from my last paycheck.

Employee Name

Date

Employee Signature

Domicile Center Location

Approved by:

A/R Specialist

Collection Supervisor

DCW Parent ID#

Entered to ADP by: _____ **Date:** _____