



**CITY OF SEATAC PARKS AND RECREATION—
“CAMPS”
THIRD PARTY BILLING AGREEMENT**

We are currently able to offer an accounting process that will allow us to help you to track payment of your child’s day care. This will become most helpful in the event when two adults are legally responsible for payment of child care. In order to do this we must have the following information on all parties that will potentially making payments for your child. At this time we can not split payments between two parties

Child’s Name _____
Last First MI

Party Responsible for Payment

Name _____
Please Print Relationship

Home Address _____
Street Address City Zip Code

Home Phone _____ **Work Phone** _____
Area Code Area Code

Signature of Adult Responsible for Payment

Other (Organization)

Name _____
Please Print

Home Address _____
Street Address City Zip Code

Home Phone _____ **Work Phone** _____
Area Code Area Code

**This does not split the responsibility of payment
as that will go to parent who signs the Payment Policy.**

Staff Only:

Access No. _____ **Class No.** _____ **Date** _____ **Staff** _____
Contact made to 3rd Party Y N **By:** _____ **Date:** _____