



# Santa Barbara County Education Office

4400 Cathedral Oaks Rd, PO Box 6307, Santa Barbara, CA 93160-6307  
Telephone: (805) 964-4711 • FAX: (805) 964-4712 • sbceo.org

Susan C. Salcido, Superintendent of Schools

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## Alternative Payment Program Acknowledgement of Receipt of Written Policies

My signature below acknowledges that I have received a copy of the Alternative Payment program handbook. I acknowledge that I have read, understand and agree to abide by these guidelines. I understand that I may be disenrolled from the program (if parent) or terminated (as a provider) if I do not follow the program policies.

I have chosen to receive an electronic PDF copy at the following web address;

<https://resources.finalseite.net/images/v1679493102/sbceoorg/w3k8i7q5lsobftow5in/AP-Handbook-english.pdf>

Provider

Parent/Guardian

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please sign and return to:

Santa Barbara Office Early Care and Education 3970 La Colina Rd. Room 5 P.O. Box 6307 Santa Barbara, Ca 93160- 6307	Lompoc Office Early Care and Education 104 South C. St., Suite H Lompoc, CA 93436	Santa Maria Office Early Care and Education 722 E. Main St Suite 201 Santa Maria Ca
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## Programa de Pago Alternativo Recibo de Aceptación de Entrega

Mi firma a continuación reconoce que he recibido una copia del manual del programa de Pago Alternativo. Reconozco que he leído, entiendo y acepto cumplir con estas pautas. Entiendo que se me puede dar de baja del programa (si padre/madre) o terminar (como proveedor) si no cumplo con las políticas del programa.

He elegido recibir una copia electrónica en formato PDF en la siguiente dirección web;

<https://resources.finalsite.net/images/v1679493103/sbceoorg/s3wleg7zn05ytjfr1yyd/AP-Handbook-spanish.pdf>

Proveedor

Madre/Padre/Guardian

Nombre: \_\_\_\_\_

Firma: \_\_\_\_\_

Fecha: \_\_\_\_\_

Favor de firmar y regresar a:

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