



**SCHOOL READINESS PROVIDER APPLICATION/
CCR&R Provider Update Form 2017 - 2018**
School Readiness Programs

Who must complete the application?

Each private provider or public school (homes and school-age programs) delivering School Readiness (SR) services and receiving compensation must complete this application. All applications will be reviewed, and applicants notified if they are approved to provide SR services. Completing this application does not guarantee approval to provide SR services.

Submitting the application:

Fax, email, or deliver the application to the Early Learning Coalition of Pasco and Hernando Counties.

Notification of application completion:

In addition to this application, each provider must also submit:

- Copy of DCF license **or**
- Copy of DCF Determination Letter and Accreditation Certificate (if applicable)
- Copy of current DCF Gold Seal Certificate (if applicable)
- Liability Insurance with Early Learning Coalition of Pasco and Hernando Counties, Inc. as additional insured and certificate holder
- W-9 (NEW)
- Proof of Active Sunbiz registration (for providers using an EIN)
- Direct Deposit Form (Must be accompanied by a voided check or bank letter)
- Private Pay Rates (A list of fees available to parents)**

**** Please ensure that your CCR&R Provider Update Rates match your Contract Private Pay Rates.**

Once you have submitted all of the required information and supporting documentation, the Coalition will notify you if your application is not complete. The School Readiness Provider Contract will be sent to you for signature upon approval. Each eligible provider must sign and submit the SR Provider Contract before receiving payment or beginning SR services. The SR Provider Contract begins on **July 1, 2017 and ends on June 30, 2018**. Any application that is incomplete, has missing signatures or information, or is missing documentation will be considered pending until provider provides necessary information/documentation. Note: Application and School Readiness Contract must be free of any white out, strikethroughs, or scratch outs.

If you discover an error after mailing or delivering the application, please contact the coalition office by telephone or email. Check the coalition website at www.phelc.org for contact information.

Early Learning Coalition of Pasco and Hernando Counties, Inc.
 Child Care Resource and Referral Network
 Provider Update Form

Child care providers in Florida are asked to provide their local early learning coalition with updated information about their programs each year. The information collected on child care businesses helps with state and federal reporting, statewide child care analysis and captures statewide and local child care trends impacting communities. This information benefits your program, as well as families in their search for a child care provider. Thank you in advance for taking the time to provide your information.

OPT OUT - I do not wish to complete this form, and I understand that my program will not be referred to families by the coalition.
(School Readiness and VPK providers contracted with the coalition are required to complete this form.)

Program Name (as it appears on license/registration)

Signature

Date

All fields on this page are **REQUIRED, if applicable to your program.*

| | | | | | | |
|--|--|---|--|--|---|--|
| Name of Person Filling Out Form: | | | | | | |
| Date Form Completed: | | | | | | |
| Do you wish to have your program referred to families seeking child care listings from the coalition? | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | |
| Business Name: <i>(as on License/Registration or name registered with DCF)</i> | | | | | | |
| Doing-Business-As Name: | | | | | | |
| Owner Name: | | | | | | |
| Director Name: | | | | | | |
| Location Address: | City: | County: | Zip Code: | | | |
| Mailing Address: | City: | County: | Zip Code: | | | |
| Phone: | | Alternate Phone: | | | | |
| Fax: | | Email: | | | | |
| Provider Type (check one): | <input type="checkbox"/> Center | <input type="checkbox"/> Family Child Care Home (FCCH) | <input type="checkbox"/> Large FCCH | <input type="checkbox"/> School-age Only | <input type="checkbox"/> Private School | <input type="checkbox"/> Public School |
| Family Child Care Home Only: | <i>Do you want your house number and street name to appear on referral lists to families?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| Legal Status (check one): | <input type="checkbox"/> Licensed | | <input type="checkbox"/> Registered | | <input type="checkbox"/> Exempt | |
| Faith Based: | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| Exemption Type (check one): | <input type="checkbox"/> Religious Exempt | <input type="checkbox"/> Camp | <input type="checkbox"/> Non Public School | <input type="checkbox"/> Public School | <input type="checkbox"/> School Age | |
| DCF/Local Licensing ID: | | Licensing Expiration Date: | | | | |
| Registration ID: | | Master School ID (MSID): <i>(Public and Private Schools only)</i> | | Federal ID No: | | |

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1. ACCREDITATION - Are you accredited by an accrediting agency? *(Check all that apply)* **A copy of your certificate is required for accreditation to be listed. *REQUIRED**

| | Accrediting Agency | Effective Date | End Date |
|--------------------------|---|----------------|----------|
| <input type="checkbox"/> | NOT ACCREDITED | | |
| <input type="checkbox"/> | ASSOCIATION OF CHRISTIAN SCHOOLS INTERNATIONAL | | |
| <input type="checkbox"/> | ASSOCIATION OF CHRISTIAN TEACHERS AND SCHOOLS | | |
| <input type="checkbox"/> | ACCREDITED PROFESSIONAL PRESCHOOL LEARNING ENVIRONMENT | | |
| <input type="checkbox"/> | COUNCIL OF ACCREDITATION | | |
| <input type="checkbox"/> | FLORIDA COALITION OF CHRISTIAN PRIVATE SCHOOL ACCREDITATION | | |
| <input type="checkbox"/> | FLORIDA LEAGUE OF CHRISTIAN SCHOOLS | | |
| <input type="checkbox"/> | GOLD SEAL QUALITY CARE ACCREDITATION | | |
| <input type="checkbox"/> | GREEN APPLE ASSOCIATION OF CHRISTIAN SCHOOLS | | |
| <input type="checkbox"/> | NATIONAL ACCREDITATION COMMISSION FOR EARLY CARE AND EDUCATION PROGRAMS | | |
| <input type="checkbox"/> | NATIONAL ASSOCIATION FOR THE EDUCATION OF YOUNG CHILDREN | | |
| <input type="checkbox"/> | NATIONAL ASSOCIATION FOR FAMILY CHILD CARE | | |
| <input type="checkbox"/> | NATIONAL COUNCIL FOR PRIVATE SCHOOL ACCREDITATION | | |
| <input type="checkbox"/> | NATIONAL EARLY CHILDHOOD PROGRAM ACCREDITATION | | |
| <input type="checkbox"/> | SOUTHERN ASSOCIATION OF COLLEGES AND SCHOOLS | | |
| <input type="checkbox"/> | UNITED METHODIST ASSOCIATION OF PRESCHOOLS | | |
| <input type="checkbox"/> | OTHER (List Below) | | |
| <input type="checkbox"/> | | | |

2. AFFILIATION – Are you a not for profit organization? Yes No

3. CURRICULUM - Which of the following curricula does your program use? *(Check all that apply)* ***REQUIRED for School Readiness providers**

| | | | | | |
|--------------------------|--------------------------------------|--------------------------|--------------------------------|--------------------------|---------------------------|
| <input type="checkbox"/> | BABY DOLL CIRCLE TIME | <input type="checkbox"/> | INVESTIGATOR CLUB | <input type="checkbox"/> | SCHOLASTIC BIG DAY |
| <input type="checkbox"/> | BEYOND CENTERS & CIRCLE TIME | <input type="checkbox"/> | JOURNEY | <input type="checkbox"/> | SPLASH INTO PRE-K |
| <input type="checkbox"/> | BEYOND CRIBS & RATTLES | <input type="checkbox"/> | KIDDIE ACADEMY LIFE ESSENTIALS | <input type="checkbox"/> | STARFALL PRE-K |
| <input type="checkbox"/> | CREATIVE CURRICULUM | <input type="checkbox"/> | KIDS R KIDS | <input type="checkbox"/> | TOOLS OF THE MIND |
| <input type="checkbox"/> | DLM CHILDHOOD EXPRESS | <input type="checkbox"/> | KNOWLEDGE UNIVERSE | <input type="checkbox"/> | WE CAN |
| <input type="checkbox"/> | EARLY LITERACY & LEARNING MODEL PLUS | <input type="checkbox"/> | LEARN EVERY DAY | <input type="checkbox"/> | WEE LEARN |
| <input type="checkbox"/> | EDU 1 ST VESS CURRICULUM | <input type="checkbox"/> | LEARN FROM THE START | <input type="checkbox"/> | WORLD AT THEIR FINGERTIPS |
| <input type="checkbox"/> | FLEX GODDARD PRE-K | <input type="checkbox"/> | LEAP | <input type="checkbox"/> | OTHER (List Below) |
| <input type="checkbox"/> | FROG STREET | <input type="checkbox"/> | LIFESMART | <input type="checkbox"/> | |
| <input type="checkbox"/> | GALILEO PRE-K | <input type="checkbox"/> | LITERACY EXPRESS | <input type="checkbox"/> | |
| <input type="checkbox"/> | GEE WHIZ | <input type="checkbox"/> | LITTLE TREASURES | <input type="checkbox"/> | |
| <input type="checkbox"/> | GET SET FOR SCHOOL | <input type="checkbox"/> | O2B KIDS | <input type="checkbox"/> | |
| <input type="checkbox"/> | HIGH SCOPE | <input type="checkbox"/> | OPENING THE WORLD OF LEARNING | <input type="checkbox"/> | |

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4. ENROLLMENT – Provide information regarding ratios, group sizes and capacity. Please enter **N/A** for any fields that are not applicable to your program. ***REQUIRED**

| CARE LEVEL | LICENSED RATIO | ACTUAL RATIO (The ratio you choose for your program if different from licensing ratio) | GROUP SIZE (Number of children you choose to house in each classroom. If there is more than one age group, please use the largest group size) |
|---|--------------------|---|--|
| INFANT (Less than 12 months) | Adult : Child : | Adult : Child : | |
| TODDLER (12 months to less than 24 months) | Adult : Child : | Adult : Child : | |
| 2 YEAR OLD (24 months to less than 36 months) | Adult : Child : | Adult : Child : | |
| 3 YEAR OLD (36 months to less than 48 months) | Adult : Child : | Adult : Child : | |
| 4 YEAR OLD (48 months to less than 60 months) | Adult : Child : | Adult : Child : | |
| 5 YEAR OLD (60 months to less than 72 months) | Adult : Child : | Adult : Child : | |
| ELEMENTARY SCHOOL AGE | Adult : Child : | Adult : Child : | |
| MIDDLE SCHOOL AGE | Adult : Child : | Adult : Child : | |
| CAPACITY | | | |
| LICENSED CAPACITY (Number of children you are licensed to care for) | | ACTUAL CAPACITY (Most number of children you choose to care for) | |

5. ENVIRONMENT - Describe your program's setting and any languages spoken by program staff. (Check all that apply) ***REQUIRED**

| | | | | |
|---|--|--|--------------------------|---------------------------|
| <input type="checkbox"/> CHINESE | <input type="checkbox"/> NO TV | <input type="checkbox"/> WEBCAM ON SITE | <input type="checkbox"/> | OTHER (List Below) |
| <input type="checkbox"/> CREOLE | <input type="checkbox"/> PETS | <input type="checkbox"/> WHEELCHAIR ACCESSIBLE | <input type="checkbox"/> | |
| <input type="checkbox"/> ENGLISH | <input type="checkbox"/> POOL ON SITE | <input type="checkbox"/> OTHER (LIST BELOW) | <input type="checkbox"/> | |
| <input type="checkbox"/> FENCED YARD | <input type="checkbox"/> PORTUGUESE | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> FILIPINO | <input type="checkbox"/> RUSSIAN | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> FINANCIAL ASSISTANCE | <input type="checkbox"/> SCHOOL READINESS PROVIDER | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> FRENCH | <input type="checkbox"/> SEPARATE PLAY AREA (FCCH) | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> GERMAN | <input type="checkbox"/> SIGN LANGUAGE | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> GREEK | <input type="checkbox"/> SMOKE FREE | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> GREEN CERTIFIED | <input type="checkbox"/> SPA | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> HEBREW | <input type="checkbox"/> SPANISH | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> ITALIAN | <input type="checkbox"/> VIDEO MONITORING | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> LIMITED TV VIEWED | <input type="checkbox"/> VIETNAMESE | <input type="checkbox"/> | <input type="checkbox"/> | |

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| 6. ADDITIONAL FEES - Please list all additional fees your program charges. | | | |
|---|---------------|------------------|--------------------------------------|
| <u>Description</u> | <u>Amount</u> | <u>Frequency</u> | <u>Fee Per Child or Family (C/F)</u> |
| ANNUAL | \$ | | |
| APPLICATION | \$ | | |
| DIAPERS | \$ | | |
| INSURANCE | \$ | | |
| LATE PICK-UP | \$ | | |
| LATE PAYMENT | \$ | | |
| MEMBER ORGANIZATION | \$ | | |
| MEALS/SNACKS | \$ | | |
| OVERTIME/EARLY DROP OFF | \$ | | |
| RETURNED CHECK | \$ | | |
| REGISTRATION | \$ | | |
| SCHOOL AGE REGISTRATION FEE | \$ | | |
| SUPPLIES/MATERIALS | \$ | | |
| OTHER (LIST BELOW): | | | |
| | \$ | | |
| | \$ | | |

Frequency Options: Per Minute; Every 5 minutes; Every 10 minutes; Every 15 minutes; Half Hour; Hourly; Daily; Weekly; Monthly; Yearly; One Time;

| 7. MEALS – Describe any meals your program provides. (Check all that apply) *REQUIRED | | | | | |
|--|-----------------|--------------------------|-------------------------|--------------------------|-------------------------|
| <input type="checkbox"/> | BREAKFAST | <input type="checkbox"/> | USDA FOOD PROGRAM | <input type="checkbox"/> | GLUTEN FREE |
| <input type="checkbox"/> | MORNING SNACK | <input type="checkbox"/> | AFTERNOON MEAL PROGRAM | <input type="checkbox"/> | PEANUT-FREE ENVIRONMENT |
| <input type="checkbox"/> | LUNCH | <input type="checkbox"/> | NO MEALS PROVIDED | <input type="checkbox"/> | SPECIAL DIET REQUEST |
| <input type="checkbox"/> | AFTERNOON SNACK | <input type="checkbox"/> | PROVIDES FORMULA | <input type="checkbox"/> | VEGETARIAN |
| <input type="checkbox"/> | DINNER | <input type="checkbox"/> | PARENT SUPPLIES FORMULA | | |

| 8. PROGRAM PARTICIPATION – Describe your program/facility. (Check all that apply) | | | | | |
|--|---|--------------------------|---------------------------------------|--------------------------|-------------------------------------|
| <input type="checkbox"/> | AFTER SCHOOL | <input type="checkbox"/> | MILITARY | <input type="checkbox"/> | SICK CHILD CARE |
| <input type="checkbox"/> | CHILD CARE CENTER | <input type="checkbox"/> | PLAYGROUP | <input type="checkbox"/> | SUMMER CAMP |
| <input type="checkbox"/> | EARLY HEAD START | <input type="checkbox"/> | PRIVATE SCHOOL | <input type="checkbox"/> | TEEN PARENT |
| <input type="checkbox"/> | FCCH | <input type="checkbox"/> | PUBLIC SCHOOL | <input type="checkbox"/> | VPK SCHOOL YEAR |
| <input type="checkbox"/> | HEAD START | <input type="checkbox"/> | QUALITY RATING SYSTEM | <input type="checkbox"/> | VPK SUMMER |
| <input type="checkbox"/> | LARGE FCCH | <input type="checkbox"/> | SCHOOL AGE PROGRAM | | |
| <input type="checkbox"/> | MIGRANT HEAD START | <input type="checkbox"/> | SCHOOL READINESS PROVIDER | | |
| ENHANCEMENTS | | | | | |
| <input type="checkbox"/> | SCHOOL BUS | <input type="checkbox"/> | NEAR PUBLIC TRANSPORTATION | <input type="checkbox"/> | TRANSPORTATION PROVIDED FROM SCHOOL |
| <input type="checkbox"/> | TRANSPORTATION PROVIDED FROM CHILD HOME | <input type="checkbox"/> | TRANSPORTATION PROVIDED TO CHILD HOME | <input type="checkbox"/> | WITHIN WALKING DISTANCE TO SCHOOL |

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9. RATES: Enter the advertised rates (*private pay rates*) your program charges in the table below. Do not include voucher/subsidy rates, sliding scale rates, employee discounts or any other discounted rates. Only complete the rate type for each age group that you offer. (*Please attach rate sheet, if applicable*). ***REQUIRED**

| Enter Rate by Age Group. Check frequency for each option below. | Infant | 1 year old | 2 year old | 3 year old | 4 year old | 5 year old | Elem School Age | Mid School Age |
|--|--------|------------|------------|------------|------------|------------|-----------------|----------------|
| FULL TIME Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> | | | | | | | | |
| FULL TIME VPK WRAP Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> | | | | | | | | |
| PART TIME Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> | | | | | | | | |
| PART TIME VPK WRAP Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> | | | | | | | | |
| SCHOOL AGE BEFORE SCHOOL Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> | | | | | | | | |
| SCHOOL AGE AFTER SCHOOL Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> | | | | | | | | |
| SCHOOL AGE – BOTH BEFORE & AFTER SCHOOL Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> | | | | | | | | |
| SUMMER CAMP Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> | | | | | | | | |

10. SCHEDULE - What days of the week does your program operate? Describe your program schedule. (*Check all that apply*)

***REQUIRED**

Sunday
 Monday
 Tuesday
 Wednesday
 Thursday
 Friday
 Saturday

Hours of Operation:
 Open: _____ AM PM
 Close: _____ AM PM

Ages of Children Served:
 Minimum: _____ (Months/Years)
 Maximum: _____ (Months/Years)

| | | |
|---|---------------------------------------|---|
| <input type="checkbox"/> 24-HOUR CARE | <input type="checkbox"/> FULL TIME | <input type="checkbox"/> SCHOOL SYST WEATHER DAYS |
| <input type="checkbox"/> AFTER SCHOOL | <input type="checkbox"/> FULL YEAR | <input type="checkbox"/> SCHOOL YEAR |
| <input type="checkbox"/> BEFORE SCHOOL | <input type="checkbox"/> OVERNIGHT | <input type="checkbox"/> SWING SHIFT |
| <input type="checkbox"/> DROP IN CARE | <input type="checkbox"/> PART TIME | <input type="checkbox"/> WEEKEND |
| <input type="checkbox"/> EMERGENCY/TEMPORARY CARE | <input type="checkbox"/> RESPITE CARE | |
| <input type="checkbox"/> EVENING CARE | <input type="checkbox"/> SUMMER ONLY | |

11. ENHANCED SERVICES - What other services does your program offer? (*Check all that apply*) ***REQUIRED**

| | | |
|---|--|---|
| <input type="checkbox"/> ART/CRAFTS | <input type="checkbox"/> MUSIC LESSONS | <input type="checkbox"/> ENVIRON ACCOMMODATIONS |
| <input type="checkbox"/> COMPUTERS | <input type="checkbox"/> KINDERGARTEN CLASS | <input type="checkbox"/> TRAINING/EXP DEV DELAY |
| <input type="checkbox"/> DANCE | <input type="checkbox"/> ON-SITE SCREENINGS | <input type="checkbox"/> THERAPEUTIC SERVICES |
| <input type="checkbox"/> FAMILY INVOLVEMENT | <input type="checkbox"/> OUTDOOR SPORTS | OTHER (List Below) |
| <input type="checkbox"/> FIELD TRIPS | <input type="checkbox"/> SWIM LESSONS | |
| <input type="checkbox"/> GYMNASTICS | <input type="checkbox"/> TRAINING/EXP AUTISM | |
| <input type="checkbox"/> HOMEWORK/TUTOR | <input type="checkbox"/> TRAINING/EXP BEHAV CHAL | |

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| 12. STAFFING – Describe the staff at your facility. | | | |
|---|-----------------------------|--------|---------------------------|
| Total number of staff that work directly with children in care : | | | |
| Enter below the number of staff that works directly with children in care that have any of the following: | | | |
| Number | Training/ Education Type | Number | Training/ Education Type |
| | FCCH 30 HOUR TRAINING | | GED |
| | 40 HR INTRO CHILD CARE | | HIGH SCHOOL EDUCATION |
| | AA/AS NONCHILD RELATED | | MA DEGREE EARLY CHILDHOOD |
| | AA/AS EARLY CHILDHOOD | | MA NONCHILD RELATED |
| | DIRECTOR CREDENTIAL ADV | | MEDICAL STAFF ONSITE |
| | DIRECTOR CREDENTIAL LEVEL 1 | | NATL EARLY CHILDHOOD CERT |
| | DIRECTOR CREDENTIAL LEVEL 2 | | NO HIGH SCHOOL/GED |
| | BA/BS NONCHILD RELATED | | SCHOOL-AGE CREDENTIAL |
| | BA DEGREE EARLY CHILDHOOD | | SPECIAL NEEDS PRACTICES |
| | BEHAVIOR OBSERVATION | | VPK DIRECTOR CREDENTIAL |
| | DIRECTOR (NON VPK) | | OTHER (List Below) |
| | DOCTORATE | | |
| | EARLY (EMERGENT) LITERACY | | |
| | FCCPC/ECPC/CCAC/CDAE | | |

| | | | | | |
|--|----------------------|--------------------------|----------------------|--------------------------|---------------------------|
| 13. SUBSIDIES – List any provider sponsored financial assistance you offer to help families with limited financial means. | | | | | |
| <input type="checkbox"/> | EMPLOYER SPONSORED | <input type="checkbox"/> | NEGOTIATED RATE | <input type="checkbox"/> | OTHER (List Below) |
| <input type="checkbox"/> | MEDICAID PROVIDER | <input type="checkbox"/> | PROVIDER SCHOLARSHIP | <input type="checkbox"/> | |
| <input type="checkbox"/> | MILITARY AID | <input type="checkbox"/> | SLIDING SCALE FEE | <input type="checkbox"/> | |
| <input type="checkbox"/> | MULTI CHILD DISCOUNT | | | <input type="checkbox"/> | |

| | | | | | |
|--|-----------------|--------------------------|---------------------|--------------------------|---------------------------|
| 14. SUBSTITUTE POLICY – Who provides substitute care when needed? | | | | | |
| <input type="checkbox"/> | FRIEND | <input type="checkbox"/> | SPOUSE | <input type="checkbox"/> | OTHER (List Below) |
| <input type="checkbox"/> | RELATIVE | <input type="checkbox"/> | SUBSTITUTE PROVIDER | <input type="checkbox"/> | |
| <input type="checkbox"/> | SUBSTITUTE POOL | | | <input type="checkbox"/> | |

| | | |
|--|--|---|
| 15. TRANSPORTATION - Does your program provide transportation or are you located near transportation? <i>(Check all that apply)</i> | | |
| *REQUIRED | | |
| Transportation provided from the schools listed below to the child care site | Transportation provided from the child care site to the schools listed below | Child care site within walking distance from the schools listed below |
| | | |
| | | |
| | | |
| | | |

CERTIFICATION FOR SCHOOL READINESS CONTRACTED PROVIDERS

I certify that:

- I may not discriminate against a parent or child, including the refusal to admit a child for enrollment on the grounds of race, color, or national origin.
- I understand that in order to receive school readiness funding, I must either be licensed, registered, or legally exempt from licensure pursuant to Chapter 402.302-319, Florida Statutes.
- I understand that, in accordance with federal and state law (45CFR98 and Chapter 411, Florida Statutes) the curricula used by my program must be:
 - Developmentally appropriate;
 - Have a character development plan;
 - Are designed to prepare students for early literacy;
 - Enhance the age-appropriate progress of students in attaining the performance standards adopted by the Agency for Workforce Innovation and the Department of Education;
 - Prepare students to be ready for school.
- I understand that I must maintain a healthy and safe environment for children.
- I understand that I must allow access to the parent/guardian of a child I have in care.
- I understand that I will be required to read, sign and comply with the School Readiness Provider Contract.
- I understand that I will be monitored for compliance by coalition designated staff.
- I have examined this application and, to the best of my knowledge and belief, the information provided is true and correct. Including Attachment A.
- If any of this information changes, I understand that I must submit said changes to the Coalition.

Signature of owner/director/operator/principal/school district staff

Title

Print name of owner/director/operator/principal/school district staff

Date

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ATTACHMENT A
Banking Information

It is required that early childhood providers who contract with the Early Learning Coalition utilize direct deposit to be paid for providing School Readiness services. Please provide your banking information below.

ELECTRONIC FUNDS TRANSFER
AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT OF CHILD CARE PROVIDER PAYMENTS

This form authorizes SunTrust, as the official Financial Agent of PHELC to deposit child care provider payments directly into the bank account listed below, and if necessary, reverse any incorrect credit entries made in error related to PHELC. I agree to resubmit this form immediately if this bank or bank account changes or if I decide to stop direct deposit.

CHECK ONE: NEW APPLICATION CHANGE IN DIRECT DEPOSIT INFORMATION

Child Care Provider Information: (Please Print Clearly)

| |
|---|
| Name of Provider or Business _____ |
| Mailing Address _____ |
| City _____ State _____ Zip _____ |
| Daytime Telephone Number (____) _____ |
| Provider Identification Number _____ |
| Tax ID Number or Social Security Number _____ |

Information on Financial Institution

| |
|---|
| Name of Bank _____ |
| Bank's City _____ State _____ Zip _____ |
| Telephone Number of Bank (____) _____ |
| Account Information (<i>Check One</i>) <input type="checkbox"/> Checking OR <input type="checkbox"/> Savings |
| Bank Transit/Routing Number _____ |
| <i>Ask bank for the transit/routing number for direct deposit</i> |
| <i>Bank Customer Information:</i> |
| Bank Account Number _____ |
| Name of Bank Account Holder (<i>Please print clearly</i>) _____ |

PLEASE ATTACH VOIDED CHECK SEPERATELY

Signature of Provider _____

Date ____/____/____

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16. NARRATIVE - What else would you like our families to know about your program?

COMMENTS/QUESTIONS

Thank you for your cooperation in gathering this important information. You should contact the Early Learning Coalition of Pasco and Hernando anytime you make changes to your program, so that we may provide families with accurate information. We are available to answer any questions you may have by calling the coalition at (727) 569-1004.

***--- Please attach a copy of current license/registration/exemption and submit with this form.
Please also attach a copy of your accreditation certificate if applicable.---***

Office Use Only:

EFS Updated

Date: _____

By: _____