



CHILDCARE RESOURCES (CCR)
1904 FIRST AVENUE NORTH BIRMINGHAM, AL 35203
SUPPLEMENTAL CHILD CARE PROGRAM (SCCP)

PROVIDER REGISTRATION FORM

Please carefully read and complete.

BUSINESS NAME _____ **SSN/FEIN #** _____
STREET _____
CITY/STATE _____ **ZIP** _____ **COUNTY** _____
MAILING ADDRESS (if different from the above) _____
PHONE _____ **ALTERNATE** _____ **FAX** _____
EMAIL _____ **WEB SITE** _____
CONTACT PERSON _____ **POSITION** _____ **OWNER** _____
DAYS OF OPERATION S M T W T F S **OPERATING HOURS** _____ **TO** _____
LICENSED as Center Family Home Group Home **EXEMPT as** Church (name) _____ Other _____

PLEASE CAREFULLY READ the following, provide information as needed, sign and return to Childcare Resources with copies of your current license or letter of exemption, W-9, and published policies (handbook) and tuition fees.

I certify that

1. the above is a legally operating child care facility with a current license or letter of exemption; and
2. a copy of the new license or letter of exemption will be sent to CCR each time it is renewed or changed.

I certify that all employees and volunteers of this facility will comply with the Civil Rights Act of 1964, the Age Discrimination Act of 1975, the Rehabilitation Act of 1973, the Americans With Disabilities Act of 1990 and all other applicable federal and state laws, rules and regulations, including, but not limited to those which stipulate that

1. parents/guardians have free and unrestricted access to their child(ren) while in the care of this facility;
2. all child care workers report all suspected incidences of child abuse and/or neglect to the Alabama Department of Human Resources or to law enforcement personnel; and
3. all employees and volunteers of this facility have criminal background/history checks.

I certify that this facility will

1. maintain and retain on-site for 4 years sufficient business records to document the delivery of services to both subsidized and private-pay children, including published rates and attendance policies, daily attendance (sign-in and sign-out) sheets, receipts for fees paid by all parents, Provider Communication forms and all other records required by federal and state laws and regulations;
2. fully cooperate with CCR by allowing its representatives unrestricted, on-site access to the above records for both subsidized and private-pay children in order to assure compliance with the statements and certifications made in this registration;
3. diligently collect the full co-payment from all parents/guardians of subsidized children and report to CCR any who fail to make the required co-payments as scheduled;
4. inform parents/guardians of all rates and fees before their children are enrolled and at least 30 days in advance of changes after enrollment;
5. publish, charge, and collect the same rates from parents/guardians whether they are private-pay or subsidized, or notify CCR if a SCCP parent is charged a different negotiated rate; and
6. record attendance, absences, withdrawals and terminations accurately on CCR Enrollment Attendance Verification (EAV) forms and submit signed originals to CCR by the 5th of the month following attendance.

PLEASE COMPLETE, averaging rates by Level and circling weekly or monthly.

Level(s) of Care Provided	FULL-TIME RATES (for care averaging more than 25 hours per week)	PART-TIME RATES (for care averaging 25, or fewer, hours per week)		
		Normal	Before/After School	Other
Infant/Toddler (Under 2 ½)	weekly monthly	weekly monthly	XXXXXXXXXX	
Preschool (2 ½ to School-Age)	weekly monthly	weekly monthly		
School Age	weekly monthly	weekly monthly		

SIBLING DISCOUNTS: Please list any discount you give to families who have more than one child enrolled:
 \$_____ or _____ % per extra child per week for full-time care and \$_____ or _____ % per child for part-time care.
 List any other discounts, you give _____

I understand that

1. parents/guardians are solely responsible for selecting child care for their children; therefore, there is no guarantee that any child will be placed in this facility as a result of this registration,
2. CCR's tuition subsidy amount will never exceed 50% of my provider rate or CCR's calculated service area average rate, whichever is lower;
3. CCR does not subsidize registration fees or any other fees charged;
4. CCR will not subsidize more than the 13 scheduled closure days (holiday and vacation) in the twelve month period, October thru September, and that it is my responsibility to publish these dates for my parents and give CCR advance written notification of any changes;
5. changes in rates must be submitted to CCR 30 days prior to the date of change;
6. CCR will not subsidize more than 5 absences in one calendar month without a doctor's note to validate illness;
7. CCR will continue to subsidize enrolled children up to 6 weeks during a parent/guardian's documented maternity/medical leave, provided CCR approval is received prior to the leave, or in the case of an emergency, at its onset; if a parent elects to suspend coverage during this time, it will resume when the parent returns to work;
8. subsidy checks will be issued by the 15th of each month *following the month of attendance* to those who submitted EAV's in a timely manner; and
9. If an EAV is not received by the end of the month *following the month of attendance*, it will be closed and no longer eligible for payment.

PLEASE COMPLETE, listing your closure/holiday dates September through August.

1	4	7	10	13
2	5	8	11	
3	6	9	12	

I certify that the statements made and information provided, on or with this registration, are true and correct to the best of my knowledge. I understand that this facility will not be eligible to receive SCCP funds for any period during which it is determined to be out of compliance with the aforementioned certifications and/or regulations. I understand that if I knowingly provide false information and/or fail to comply with the statements and certifications made on or with this form, this facility may have to repay money to Childcare Resources for any period of noncompliance, and that this facility may further be temporarily or permanently suspended from future participation in the Supplemental Child Care Program.

Signature of Owner or Director

Date

Please print the above name _____