

Parent's Name _____ Family ID _____
Last, First, Middle Initial

Section 3: Child in Care (Provider - tell us about the children in your care) ◀

1. Child's full name _____ **Date of Birth** _____

Your weekly charge \$ _____ Date care started: _____

Do you provide care for this child before or after school? (Check boxes) Before School After School

Licensed Providers: Do you receive funding from any other source for this child? Check all that apply:

School Readiness Slot State Head Start Federal Head Start DSS CDC Slot DSS BAS Slot

Relative or In-Home Providers: Are you related to this child or this child's parent(s)? YES NO

If YES, who are you related to? CHILD PARENT What is the relationship? _____

Where do you provide care for this child? child's home your home

Child's Care Schedule

Fill in the time the child is in your care, below. (Circle AM or PM) If you need additional space, attach a separate sheet.

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
FROM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
TO	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
FROM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
TO	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM

• Does this child's schedule vary week to week? Days Vary Times Vary

If the child's schedule varies, explain here: _____

2. Child's full name _____ **Date of Birth** _____

Your weekly charge \$ _____ Enter care start date: _____ Provider ID (If different for this child) _____

Do you provide care for this child before or after school? (Check boxes) Before School After School

Licensed Providers: Do you receive funding from any other source for this child? Check all that apply:

School Readiness Slot State Head Start Federal Head Start DSS CDC Slot DSS BAS Slot

Relative or In-Home Providers: Are you related to this child or this child's parent(s)? YES NO

If YES, who are you related to? Child Parent What is the relationship? _____

Where do you provide care for this child? child's home your home

Child's Care Schedule

Fill in the time the child is in your care, below. (Circle AM or PM) If you need additional space, attach a separate sheet.

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
FROM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
TO	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
FROM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
TO	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM

Does this child's schedule vary week to week? Days Vary Times Vary

If the child's schedule varies, explain here: _____

Parent's Name _____ Family ID _____
Last, First, Middle Initial

Section 3: Child in Care (Provider - tell us about the children in your care) (continued)

3. Child's full name _____ Date of Birth _____
 Your weekly charge \$ _____ Enter care start date: _____ Provider ID (If different for this child) _____
 Do you provide care for this child before or after school? (Check boxes) Before School After School

Licensed Providers: Do you receive funding from any other source for this child? Check all that apply:
 School Readiness Slot State Head Start Federal Head Start DSS CDC Slot DSS BAS Slot

Relative or In-Home Providers: Are you related to this child or this child's parent(s)? YES NO
 If YES, who are you related to? Child Parent What is the relationship? _____
 Where do you provide care for this child? Child's home your home

Child's Care Schedule							
Fill in the time the child is in your care, below. (Circle AM or PM) If you need additional space, attach a separate sheet.							
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
FROM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
TO	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
FROM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
TO	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM

Does this child's schedule vary week to week? Days Vary Times Vary
 If the child's schedule varies, explain here: _____

Section 4: Provider Certification (Read) ◀

- I understand that:**
- This agreement is an arrangement between the parent and the provider and not an agreement with Care 4 Kids or the State of Connecticut.
 - As the child care provider I am not employed by the State of Connecticut or by Care 4 Kids and must report all income received from Care 4 Kids to the federal Internal Revenue Service (IRS) and the State of Connecticut Department of Revenue Services for tax purposes.
 - **If I am an unlicensed child care provider and not related to the child(children) or the parent(s), care must be provided in the home of the child(children) identified in Section 3.**
 - If the child(children) identified in Section 3 are eligible, Care 4 K will issue a Certificate of Payment Authorization for those children and payments will be made only for the period and amount listed on the certificate.
 - Care 4 Kids will make payments only after I timely submit a signed invoice for my services.
 - Care 4 Kids may not cover my total child care charge. The parent is responsible for paying additional child care charge not paid by C4K.
 - Payment information may be given to the Connecticut Departments of Labor and Revenue Services and the IRS.
 - I may be required to repay money paid to me in error.
 - I may be subject to criminal prosecution for fraud if I knowingly supply false information to Care 4 Kids or fail to report changes in the child care arrangement on time. (Providers convicted of defrauding Care 4 Kids are permanently not allowed to be Care 4 Kids providers in the future.)
 - Care 4 Kids may be required to provide information on program participants to law enforcement officials (For example, if a provider has an outstanding arrest warrant, their address will be given to law enforcement officials if requested).
 - Criminal and child abuse/neglect background investigations may be conducted in keeping with Connecticut General Statutes 17b-749k and 17b-750 and may require me to be fingerprinted.
 - Care 4 Kids may release results of background checks to the parents of children in my care.
 - Payments will not be made for services rendered if at any time I am found to be ineligible.
 - I must cooperate with the Department of Social Services and its designees in program audits and fraud prevention activities, including any site visits that may be conducted to my home or the child care site.
 - **I must report any changes in the child care arrangements identified in Section 3 to Care 4 Kids no later than the date I submit my first invoice after the change.**

Section 4: Provider Certification *(continued)* **(Read and sign)** ◀

Provider Certification:	<u>The provider must complete this section</u>	
I certify that:		
<ol style="list-style-type: none">1) I am at least 18 years of age and capable of providing safe and competent child care for the child(children) identified in Section 3 of this form.2) There is an operating fire extinguisher, a working smoke alarm, and an operating telephone available to me at the location where I provide care.3) For each child in my care, I have the name of the child's primary care physician and health insurance company, and proof that each child is up to date with their immunizations and health screening exams.4) I am not under arrest for and have not been convicted of a crime that would make me unsuitable to provide child care pursuant to Section 17b-749b of the Connecticut General Statutes. This includes but is not limited to a violent crime involving the use of a weapon or threatening or attempting to use physical force against another person, injury to or impairing the morals of a minor, cruelty to persons or the sale, possession or manufacture of illegal drugs or controlled substances.5) To the best of my knowledge, the Connecticut Department of Children and Families is not investigating me for violence or harm to others, including child abuse and neglect.6) To the best of my knowledge, I do not have a protective service record with the Connecticut Department of Children and Families.7) To the best of my knowledge, all the information I have provided is true and correct, under penalty of perjury.		
Name of Provider <i>(please print)</i> _____		
Signature of Provider _____	Witness' Signature (If provider signs with an X) _____	Date _____

Section 5: Parent Certification *(Read and sign)* ◀

REMEMBER ...DO NOT SEND IN WITHOUT SIGNATURES.
BOTH CERTIFICATION SECTIONS MUST BE COMPLETED.

Parent Certification:	<u>The parent must complete this section</u>
I certify that:	
<ol style="list-style-type: none">1) I have selected the provider identified above to care for my child(children) while I work or attend an approved activity.2) I will report any changes in child care arrangements, income, activity, people living in my home, or my residence address to Care 4 Kids within 10 days of a change.3) I am responsible to pay the provider any costs not covered by Care 4 Kids.4) I agree that Care 4 Kids may contact the provider listed above and the provider may contact Care 4 Kids concerning my eligibility and payment amounts.	
Name _____	Social Security # <i>(optional)</i> _____
Address _____	Home telephone # _____
City/State/Zip _____	Work telephone # _____
Signature of Parent _____	Date _____