

SCHOOL READINESS PROVIDER APPLICATION

FY 2011-2012

Who must complete the application?

Each private provider or public school (homes, informal care, and school age) wishing to deliver School Readiness (SR) services and receive compensation for the 2011-2012 fiscal year must complete this application. Completing this application does not guarantee approval to provide School Readiness services.

Submitting the application:

The completed application packet and all required documents noted on the checklist also can be delivered by mail, email, fax, or in person to:

Early Learning Coalition of Manatee County

3526 Ninth Street West, Suite 200

Bradenton, FL 34205

Phone: (941) 757-2900

Fax: (941) 757-2919

Email: compliance@elc-manatee.org

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

- Hours of Operation and Holiday Schedule Form
- Rate Substantiation Form
- Copy of public rate sheet
- Copy of provider license, registration or exempt affiliation
- If Gold Seal, copy of current DCF Gold Seal and accrediting certificates
- Evidence of child care liability insurance
- Evidence of vehicle insurance, if transporting children
- W-9 (unless submitted previously)
- Direct Deposit Authorization Form (unless submitted previously)

Application completion:

Complete the application and submit all of the required information, supporting documentation and a signed copy of the School Readiness Contract. Any application/contract that is incomplete, whether missing signatures, information, or documentation will be returned to the provider in total, with a letter stating what is missing. The application and SR Contract will be considered NEW upon resubmission. **The contract is considered complete only upon satisfactory review by Coalition staff and authorized Coalition signature.** The new School Readiness Contract is [available](#) on our website for download.

Common errors:

An incomplete application will cause processing delays. To avoid delays:

- Complete all required items
- Type or print clearly using black or blue ink
- Do not use white-out
- Submit all required supporting documentation

Keep a copy of the application for your records. If you discover an error after mailing or delivering the application, please contact the coalition office by telephone or email.

INSTRUCTIONS FOR COMPLETION OF APPLICATION

PROVIDER/SCHOOL INFORMATION

New or updated application - Mark a box indicating whether the application is new, updated, or annual renewal.

Facility Type - Mark a box indicating the type of setting which describes the provider or school.

1. DEMOGRAPHICS

Corporate Name of Provider, Home or School - Enter the legal name of your business. The legal name of a business often includes "Corp.," "Inc.," "Co.," or similar titles. Or if you are not incorporated this is your name and social security number.

Common Name of Provider or School (*doing business as*) - Enter provider's common name if it uses a name that is different from your legal business name. A business name is often referred to as a "fictitious name," "trade name," or "d/b/a" for doing business as.

Address of Program Site (*number and street*) - Enter the physical street address of the program site where the SR program is delivered. Include the city, county, and five-digit postal ZIP Code (ZIP+4 if available). Also enter the mailing address if different than the physical address.

Daytime telephone, fax, email - Enter your business telephone number with an area code, fax, and email address. You must maintain a working email account and you must check your email frequently for information from the Coalition.

Employer Identification Number - Enter the employer identification number (EIN) of the business (e.g., provider, owner, school district) that will receive payments for the SR program. This nine-digit number is assigned to a business by the Internal Revenue Service. If you do not have an EIN (e.g., family day care home), enter the director's/operator's social security number (SSN). An application that does not include an EIN or a director's/operator's SSN is incomplete and may delay processing of the application. For new providers, the Early Learning Coalition must receive a Department of Treasury, Internal Revenue Service Form W-9 (Request for Taxpayer Identification Number and Certification)

with your employer identification number (EIN) or social security number (SSN).

PRIVACY ACT STATEMENT

Your employer identification number or social security number is requested in accordance with § 119.07(5)(a)(2) and 119-092, F.S. for use in the records and data systems of the Early Learning Coalitions. Submission of your EIN or SSN on this form is mandatory. Your EIN or SSN will be used for processing payments to you as a SR provider for reporting those payments for tax purposes, and for routine identification of your provider.

DCF Identification Number - If the provider or school is licensed by the Florida Department of Children and Family Services (DCF) or, in some counties, by a local licensing agency, enter your DCF license number. Faith-based providers that claim exemption from licensure are required to register with DCF and are assigned a number beginning with an "X". Faith-based providers, enter your DCF identification number.

Name of Director/Operator/Principal - Enter the full name of the provider's or school's director, operator, or principal.

Owner Information - If you are a private provider that is owned by another business, enter a contact name for the owner, the legal name of the owner's business, and a daytime telephone number for the owner contact. If you are a public school or large corporate entity, enter the name and daytime telephone number of the staff who is coordinating the SR program.

2. ACCREDITATION

Does the provider hold a current Gold Seal Quality Care designation? - Mark whether the provider holds a current Gold Seal Quality Care designation issued by the Florida Department of Children and Family Services (DCF). If the provider is Gold Seal accredited, list the name of the accrediting agency and expiration date. The provider must submit a copy of the official Gold Seal certificate issued by DCF with this application along with a copy of the certificate from the accrediting agency.

3. CURRICULUM

You are required to offer a developmentally appropriate curriculum that aligns with the Florida performance standards and has been approved by the ELC-Manatee coalition. For a description of performance standards: <http://myfloridaeducation.com/earlylearning>

4. CHARACTER DEVELOPMENT CURRICULUM

Select which character development curriculum will be used.

5. VACANCY/ENROLLMENT/CAPACITY

Capacity and Ages Served- Enter the total number of children that you are capable of serving at a given time, reflecting all children, not only children in the SR program.

6. ENVIRONMENT

Check boxes for each program setting that applies to your program.

7. ADDITIONAL FEES

Complete if you charge fees in addition to the daily care rate.

8. MEALS

Check boxes for snacks and meals you provide.

9. PROGRAM PARTICIPATION

List any additional programs your facility is involved with.

10. RATES

List your daily rates for private pay parents and the rates for School Readiness parents.

11. SCHEDULE

Days of Operation - Enter the daily hours that the provider or school is open, not only the days when SR instruction is scheduled.

Hours of Operation - Enter the daily hours that the provider or school opens and closes.

12. ENHANCED SCHEDULE

Indicate any scheduling information that applies.

13. ENHANCED SERVICES

A provider or school may offer additional services. Mark boxes for all that apply.

14. SUBSIDIES

Indicate whether you currently serve children that receive financial assistance to pay for care.

15. STAFFING

Include all staff that work with the children.

16. SUBSTITUTE POLICY

Providers must have designated substitutes who are available to ensure proper staff coverage; child to staff ratios. *Attach your policy.*

17. TRANSPORTATION

Do you provide transportation services?

18. CERTIFICATION

The applicant is required to read the certification statement and sign, date, and print his or her name on this application. For private providers, the applicant must be the owner, director, or operator. For public schools the applicant must be the principal or designated school district staff.

19. HOURS OF OPERATION AND HOLIDAY SCHEDULE FORM

As a contracted provider you are entitled to 12 Coalition-approved holidays a year.

20. RATE SUBSTANTIATION FORM

21. LICENSE, REGISTRATION, OR EXEMPT AFFILIATION

22. LIABILITY INSURANCE

You are required to have child care liability insurance. The Coalition must be listed as a certificate holder. Certificate of Insurance must be attached to this application.

Application:		Facility Type:			
<input type="checkbox"/>	New Application	<input type="checkbox"/>	Licensed Child Care Facility	<input type="checkbox"/>	Religious Exempt Child Care Facility
<input type="checkbox"/>	Updated Application	<input type="checkbox"/>	Large Family Child Care Home	<input type="checkbox"/>	Licensed Family Child Care Home
<input type="checkbox"/>	Annual Renewal	<input type="checkbox"/>	Registered Family Child Care Home	<input type="checkbox"/>	Informal Provider
		<input type="checkbox"/>	Private School	<input type="checkbox"/>	Public or Charter School

1. DEMOGRAPHICS

Name of Person filling out form: <hr/>		Do you wish to have your program referred to families seeking child care listings from the ELC: <input type="checkbox"/> YES <input type="checkbox"/> NO		<i>Early Learning Coalition of Manatee</i> 3526 Ninth Street West, Suite 200 Bradenton, FL 34205 Phone: (941) 757-2900 Fax: (941) 757-2916 www.elc-manatee.org	
Date form was completed: <hr/>					
Family Child Care Home or Business Name: (as it appears on license/registration)					
CCR&R Name: (as it appears on license/registration)					
Physical Address:					
City:				Zip Code:	
Mailing Address: <input type="checkbox"/> same as above					
Telephone Number:			Alternate/Emergency Telephone Number:		
E-mail:			Fed. ID No./ SSN:		
Registration/License#:			Director Name:		
Fax#:					

Family Child Care Home Only:

Do you want your house number and street name to appear on referral lists to families? __YES __NO

2. ACCREDITATION - Are you accredited by any organization? (Check all that apply)

Gold Seal Accreditation	Religious Exempt Accreditation
<input type="checkbox"/> Accred. Professional Preschool Learning Envir. (APPLE)	<input type="checkbox"/> Assoc. Christian Schools International (ACSI)
<input type="checkbox"/> Assoc. Christian Schools International (ACSI)	<input type="checkbox"/> Assoc. Christian Teachers & Schools (National)
<input type="checkbox"/> Assoc. Christian Teachers & Schools (ACTS)	<input type="checkbox"/> Assoc. Christian Teachers & Schools
<input type="checkbox"/> Council on Accreditation (COA)	<input type="checkbox"/> Christian Schools of Florida
<input type="checkbox"/> Montessori School Accred. Commission (MSAC)	<input type="checkbox"/> Church Avenue Academy
<input type="checkbox"/> National Accreditation Commission (NAC)	<input type="checkbox"/> Church of God Association of Christian Schools
<input type="checkbox"/> Natl. Assoc. for the Education of Young Children (NAEYC)	<input type="checkbox"/> Early Childhood Christian Education Association
<input type="checkbox"/> National Association for Family Child Care (NAFCC)	<input type="checkbox"/> Florida Assoc. of Christian Schools & Colleges, Inc.
<input type="checkbox"/> National Council for Private School Accreditation (NCPA)	<input type="checkbox"/> Florida Catholic Conference
<input type="checkbox"/> National Early Childhood Program Accreditation (NECPA)	<input type="checkbox"/> Florida Kindergarten Council
<input type="checkbox"/> National School-age Care Alliance (NSACA)	<input type="checkbox"/> Florida Coalition of Christian Private Schools Association
<input type="checkbox"/> Southern Association of Colleges & Schools (SACS)	<input type="checkbox"/> FL League of Christian Schools
<input type="checkbox"/> United Methodist Assoc. of Preschools (UMAP)	<input type="checkbox"/> Green Apple Association of Christian Schools
<input type="checkbox"/> National Accred. Council for Early Childhood Prof. Prog	<input type="checkbox"/> Light of the World Christian School
	<input type="checkbox"/> Miracle Faith Center
	<input type="checkbox"/> Narrow Door Pentecostal
	<input type="checkbox"/> National Association for Christian Education
	<input type="checkbox"/> Natl. Assoc. for the Education of Young Children
	<input type="checkbox"/> National Lutheran School Accreditation (FL-GA district)
	<input type="checkbox"/> New Beginnings Christian Center Accreditation (NBCCA)
	<input type="checkbox"/> Nicene Schools International
	<input type="checkbox"/> Papa Goose Network of Christian Nursery's
	<input type="checkbox"/> Sonshine Association of Christian Schools

A COPY OF YOUR ACCREDITATION CERTIFICATE IS REQUIRED FOR ACCREDITATION TO BE LISTED.
Memberships only are NOT accreditations.

Effective date on certificate / /
Expiration date on certificate / /

NON-PROFIT STATUS - For Profit Non-Profit

3. CURRICULUM - Which of the following curriculum does your program use? (Check all that apply)

<input type="checkbox"/> Active Learning Series – Infants through Fives and Special Needs	<input type="checkbox"/> HighScope Preschool Curriculum	<input type="checkbox"/> Links to Literacy Complete Curriculum
<input type="checkbox"/> Beyond Centers & Circle Time	<input type="checkbox"/> HighScope Infants and Toddlers	<input type="checkbox"/> Literacy Express Comprehensive Curriculum
<input type="checkbox"/> Beyond Cribs & Rattles	<input type="checkbox"/> High Reach Learning for Pre-K	<input type="checkbox"/> Little Treasures
<input type="checkbox"/> Creative Curriculum for Preschool	<input type="checkbox"/> Houghton Mifflin Pre-K	<input type="checkbox"/> Montessori
<input type="checkbox"/> Creative Curriculum for Infants, Toddlers, and Twos	<input type="checkbox"/> InvestiGator Club Prekindergarten Learning System	<input type="checkbox"/> Opening the World of Learning (OWL)
<input type="checkbox"/> Creative Curriculum for Family Child Care	<input type="checkbox"/> Kiddie Academy Corporate Curriculum	<input type="checkbox"/> Saxon Early Learning
<input type="checkbox"/> DLM Early Childhood Express	<input type="checkbox"/> Learning Care Group (La Petite Academy) Corporate Curriculum	<input type="checkbox"/> Wee Learn
<input type="checkbox"/> Early Learning and Literacy Model (ELLM) Plus	<input type="checkbox"/> Let's Begin with the Letter People (including Big Book Math and Big Book Science)	

4. CHARACTER DEVELOPMENT CURRICULUM - Which character development curriculum does your program use?

<input type="checkbox"/> The Values Book	<input type="checkbox"/> The Kindness Curriculum	<input type="checkbox"/> The Peaceful Curriculum
<input type="checkbox"/> Living Values 3-7, 8-16		

5. VACANCY/ENROLLMENT/CAPACITY:

What is your total licensed capacity? (number of children you are licensed to care for) _____
 What is your actual capacity? (most number of children you choose to care for) _____

In the chart below please indicate:

- The number of vacancies available at the present time in each age group
- The actual number of children enrolled (combining both full & part time children enrolled) in each age group
- The maximum number of children you offer services to by age group
- The number of children enrolled in VPK by age group (either 4 or 5 years old)

Enter results by age group:	Infant	1 year old	2 year old	3 year old	4 year old (not in VPK)	5 year old (not in VPK)	Elementary School Age (B/A Only) *	Middle School Age (B/A Only) *
Number of vacancies at the present time								
Actual number of children enrolled								
Maximum number of children you will accept								
Number of children enrolled in VPK (not included in above total)								

* If a Private School do not include the private school students in the counts

6. ENVIRONMENT - Describe your program’s setting. (Check all that apply)

** If you mark School Readiness &/or County Contract below, please mark in the SUBSIDIES section as well.

<input type="checkbox"/> Accommodates Allergies	<input type="checkbox"/> School Readiness Contract**	<input type="checkbox"/> Negotiated Rate – willing to work with family
<input type="checkbox"/> Bilingual – list language -	<input type="checkbox"/> Sick Child Care	<input type="checkbox"/> Smoke Free Facility
<input type="checkbox"/> Webcam onsite	<input type="checkbox"/> Green Certified Building	<input type="checkbox"/> No TV
<input type="checkbox"/> Wheelchair Accessible	<input type="checkbox"/> Sign Language	<input type="checkbox"/> Provider participates in Operation Military Child Care
<input type="checkbox"/> Corporate	<input type="checkbox"/> Scholarships Available	<input type="checkbox"/> Outdoor Play
<input type="checkbox"/> Video Monitoring	<input type="checkbox"/> No English spoken on site	<input type="checkbox"/> Parent Co-op
<input type="checkbox"/> Diapers provided	<input type="checkbox"/> Limited English	<input type="checkbox"/> Pets onsite – list:
<input type="checkbox"/> United Way	<input type="checkbox"/> Large FCCH	<input type="checkbox"/> Pool onsite
<input type="checkbox"/> Teen Parent Program	<input type="checkbox"/> Elevator	<input type="checkbox"/> Will barter with parent
<input type="checkbox"/> Employer Contract	<input type="checkbox"/> Private School	<input type="checkbox"/> Other – list below:
<input type="checkbox"/> County Contract**	<input type="checkbox"/> Provides Meals	
<input type="checkbox"/> Spa on Site	<input type="checkbox"/> Medicaid Provider	
<input type="checkbox"/> Fenced Yard	<input type="checkbox"/> Military	
<input type="checkbox"/> Sliding Fee Scale	<input type="checkbox"/> Multi Child Discount	
<input type="checkbox"/> Faith-based	<input type="checkbox"/>	

7. ADDITIONAL FEES - Please list all additional fees that your program charges.

Are your fees negotiable? Yes No

Description	Amount	How often is this fee charged? (See Codes Below)	Is this fee per child or family? (C/F)
Activity	\$		
Annual	\$		
Application	\$		
Dance lessons	\$		
Extra Curricular Activities	\$		
Field Trips	\$		
Gymnastics lessons	\$		
Holiday	\$		
Insurance	\$		
Late pick-up	\$		
Late payment	\$		
Meals/Snacks	\$		
Music lessons	\$		
Overtime/Early Drop-off	\$		
Returned check	\$		
Registration	\$		
Summer Camp	\$		
Supplies/Materials	\$		
Swimming lessons	\$		
Transportation	\$		
Other:	\$		

Frequency Codes: Both Ways; Every 10 minutes; Half Hour; Hourly; Minutes; Every 5 minutes; Yearly; Every 15 minutes; Monthly; One Time; One Way; Weekly; Daily.

8. MEALS - What meals does your program provide? (Check all that apply)

<input type="checkbox"/> Afternoon Snack	<input type="checkbox"/> Lunch	<input type="checkbox"/> Special Diet Requests
<input type="checkbox"/> Breakfast	<input type="checkbox"/> Morning Snack	<input type="checkbox"/> USDA Food Program
<input type="checkbox"/> Child Brings Own Lunch/snacks	<input type="checkbox"/> Parent Supplies Formula	
<input type="checkbox"/> Dinner	<input type="checkbox"/> Provider Provides Formula	

9. PROGRAM PARTICIPATION - Is your program/facility a...? (Check all that apply)

<input type="checkbox"/> Child Care Center	<input type="checkbox"/> Military (on base program)	<input type="checkbox"/> Summer Camp
<input type="checkbox"/> Family Child Care Home (FCCH)	<input type="checkbox"/> Nanny/Au-pair	<input type="checkbox"/> VPK School Year program
<input type="checkbox"/> Head Start	<input type="checkbox"/> Playgroup	<input type="checkbox"/> VPK Summer program
<input type="checkbox"/> Large FCCH	<input type="checkbox"/> School Age Program	

10. RATES - In the table below, enter the advertised rates (private pay rates) your program charges.
 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. (Attach copy of published rate sheet)

Are you willing to negotiate your rates with parents? Yes No (If so, please mark in the ENVIRONMENT section also)
 Are you willing to barter with parents? Yes No (If so, please mark in the ENVIRONMENT section also)

RATES –ENTER BY AGE GROUP (see note above)								
Enter Rate by Age of Children	Infant	1 year old	2 year old	3 year old	4 year old (not in VPK)	5 year old (not in VPK)	Elementary School Age	Middle School Age
FULL- TIME Weekly Rate								
FULL TIME VPK WRAP Weekly Rate								
PART-TIME Weekly Rate								
PART –TIME VPK WRAP Weekly Rate								
SCHOOL AGE - BEFORE SCHOOL Weekly Rate								
SCHOOL AGE - AFTER SCHOOL Weekly Rate								
SCHOOL AGE - BOTH BEFORE & AFTER SCHOOL Weekly Rate								
SUMMER Weekly								

11. SCHEDULE - What days of the week does your program operate? (Check all that apply)

Sunday <input type="checkbox"/>	Monday <input type="checkbox"/>	Tuesday <input type="checkbox"/>	Wednesday <input type="checkbox"/>	Thursday <input type="checkbox"/>	Friday <input type="checkbox"/>	Saturday <input type="checkbox"/>
What are your hours of operation?		Open Time: _____		Close Time: _____		
		Circle: AM or PM		Circle: AM or PM		
What are the ages you serve?		From (minimum age): _____		To (maximum age): _____ Years		
		<i>Example: 2 months to 6 years</i>				

12. ENHANCED SCHEDULE - Does your program provide the following schedule? (Check all that apply)

<input type="checkbox"/>	24-Hour Care	<input type="checkbox"/>	Full Time*	<input type="checkbox"/>	Rotating
<input type="checkbox"/>	After School	<input type="checkbox"/>	Full Year	<input type="checkbox"/>	Summer Only
<input type="checkbox"/>	Both Full & Part-Time* (* Mark the individual Full Time and Part Time fields also)	<input type="checkbox"/>	School Year	<input type="checkbox"/>	Follow Local School System Weather Days
<input type="checkbox"/>	Before School	<input type="checkbox"/>	Morning	<input type="checkbox"/>	Weekend Care
<input type="checkbox"/>	Drop In Care	<input type="checkbox"/>	Open if Safe Weather	<input type="checkbox"/>	Vacation/Holiday
<input type="checkbox"/>	Emergency/Temp. Care	<input type="checkbox"/>	Overnight	<input type="checkbox"/>	
<input type="checkbox"/>	Evening Care – after 6:30pm	<input type="checkbox"/>	Part Time*		
<input type="checkbox"/>	Hourly Care (VPK Wrap)	<input type="checkbox"/>	Respite Care		

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

<input type="checkbox"/>	Computers	<input type="checkbox"/>	Health/Social Services	<input type="checkbox"/>	Outdoor Sports	<input type="checkbox"/>	Training/experience with children with developmental delays
<input type="checkbox"/>	Art/Crafts	<input type="checkbox"/>	Homework/Tutor	<input type="checkbox"/>	Small Group Size	<input type="checkbox"/>	Training/experience with making environmental accommodations for children with special needs
<input type="checkbox"/>	Family Involvement	<input type="checkbox"/>	Kindergarten Class	<input type="checkbox"/>	Swim Lessons	<input type="checkbox"/>	Quality Counts for Manatee Children Participant
<input type="checkbox"/>	Field Trips	<input type="checkbox"/>	Music Lessons	<input type="checkbox"/>	Training/experience with children with autism spectrum disorder	<input type="checkbox"/>	Training/Experience with children with behavioral challenges
<input type="checkbox"/>	Gymnastics/Dance Lessons	<input type="checkbox"/>	Onsite Screenings	<input type="checkbox"/>	Therapeutic Services	<input type="checkbox"/>	Other

14. SUBSIDIES - Does your program currently serve children who receive child care subsidies (School Readiness) or financial assistance to pay for their care?

Yes No **If yes, please be sure the appropriate boxes are marked in the previous "Environment" section.

<input type="checkbox"/> School Readiness Contract	<input type="checkbox"/> County Contract	<input type="checkbox"/> Employer Contract/CCPP
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15. STAFFING - Total number _____ of staff that work directly with children in care.

Enter below the number of staff that work directly with children in care that have any of the following qualifications/degrees/courses/credentials/training:

#__	FCCH completed 2 nd Helping course	#__	Provider/staff has Early Literacy training
#__	Provider/staff has AA/AS Degree non-child related	#__	Provider/staff had first aid training within past 2 years
#__	Provider/staff has AA/AS Degree in early childhood	#__	Provider/staff has High School Education/GED
#__	Director Credential Advanced	#__	Provider/staff has MA Degree non-child related
#__	Director Credential Beginning	#__	Provider/staff has MA Degree in early childhood
#__	Provider/staff has BA/BS Degree non-child related	#__	Facility has medical staff onsite
#__	Provider/staff has BA/BS Degree in early childhood	#__	NAFCC FCCH Observer Trained
#__	Provider/staff has CDA credential	#__	Provider/staff does not have High School/GED
#__	Provider/staff has CDA equivalency	#__	Special Needs Training (describe)
#__	Provider/staff had CPR training within past 2 years	#__	Provider/staff has VPK Director Credential
#__	Provider/staff has Doctorate		

16. SUBSTITUTION POLICY - What is your program's substitution policy? (Check all that apply and attach a copy of your substitution policy)

<input type="checkbox"/>	Friend	<input type="checkbox"/>	Substitute Pool
<input type="checkbox"/>	Spouse	<input type="checkbox"/>	Relative
<input type="checkbox"/>	Other Substitute (list here):		

17. TRANSPORTATION - Do you or the school provide transportation? (Check all that apply)

<input type="checkbox"/>	From school to site (list school names)	<input type="checkbox"/>	On school bus stop (list school names):
<input type="checkbox"/>	To school from site (list school names)	<input type="checkbox"/>	In walking distance to school (list school names):
<input type="checkbox"/>	Near public transportation (MCAT)	<input type="checkbox"/>	Other (describe):

CERTIFICATION

- I understand that I will be required to read, sign, and comply with the School Readiness Provider Contract.
- I have examined this application and, to the best of my knowledge and belief, the information provided is true and correct. Including Attachment A through E
- If any of this information changes, I understand that I must submit said changes to the Coalition.

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

Title

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

Date

For Office Use Only

Date Received: _____

Incomplete Complete

Packet mailed back on: _____

Date Processed: _____

Processed By: _____

Approved Denied

Comments:

Hours of Operation and Holiday Schedule



In accordance with the School Readiness contract, you will be reimbursed for up to a total of 12 recognized holidays during the contract period. Select which days will be taken as holidays (you do not have to follow the Early Learning Coalition holiday schedule) and submit this schedule with your contract.

- You must inform your parents in writing of planned holidays at least 14 days in advance.
- You must notify the Coalition in writing of any changes to the submitted calendar at least 14 days in advance.

Provider Name:

Hours of Operation:

Monday: _____ to _____

Tuesday: _____ to _____

Wednesday: _____ to _____

Thursday: _____ to _____

Friday: _____ to _____

Saturday: _____ to _____

Sunday: _____ to _____

Holiday	Date
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	

Name

Signature

Date



Rate Substantiation Form

If you are not licensed for an age group or do not provide services for a certain category, please mark "N/A" in that area. Include a rate for part-time categories even if you do not offer part-time care to private pay parents, but will be providing part-time care for School Readiness parents (based on a parent's authorized hours of care).

NOTE: ELC Families Rate cannot exceed the maximum rate defined in the ELC-Approved "Payment Rate Schedule" or your general public rate.

Provider Name _____

Address _____

City, State, Zip _____ Phone _____

Date Effective _____

CARE LEVEL		GENERAL PUBLIC RATE	ELC FAMILIES RATE
INFANT 0-11 months	FULL DAY	\$ _____ per day	\$ _____ per day
	PART DAY (less than 6 hours/day)	\$ _____ per day	\$ _____ per day
TODDLER 12-23 months	FULL DAY	\$ _____ per day	\$ _____ per day
	PART DAY	\$ _____ per day	\$ _____ per day
2 YEAR OLD 24-35 months	FULL DAY	\$ _____ per day	\$ _____ per day
	PART DAY	\$ _____ per day	\$ _____ per day
3 YEAR OLD 36-47 months	FULL DAY	\$ _____ per day	\$ _____ per day
	PART DAY	\$ _____ per day	\$ _____ per day
4 YEAR OLD 48-59 months	FULL DAY	\$ _____ per day	\$ _____ per day
	PART DAY	\$ _____ per day	\$ _____ per day
5 YEAR OLD Not Yet in Kindergarten	FULL DAY	\$ _____ per day	\$ _____ per day
	PART DAY	\$ _____ per day	\$ _____ per day
SCHOOL AGE Kindergarten – Age 12	FULL DAY	\$ _____ per day	\$ _____ per day
	PART DAY	\$ _____ per day	\$ _____ per day

Gold Seal Sites Only:

Please check the box that indicates which rate schedule you will accept:

- ELC Families Rate Only
 ELC Families Rate + up to 20% Gold Seal



Rate Substantiation Form

Additional Fees (please indicate if you waive any of these fees for ELC families):

TYPE OF FEE	GENERAL PUBLIC FEE	ELC FAMILIES FEE	FEE WAIVED
Registration			<input type="checkbox"/> Yes
Transportation			<input type="checkbox"/> Yes
Late Pickup			<input type="checkbox"/> Yes
Late Payment Fee			<input type="checkbox"/> Yes
Supplies (specify):			<input type="checkbox"/> Yes
Other:			<input type="checkbox"/> Yes
Other:			<input type="checkbox"/> Yes
Other:			<input type="checkbox"/> Yes

I deem these rates correct at the time of agreement signing. I understand that if my general public rates are raised mid-agreement year, I may not be eligible for higher subsidized rates based on available funding.

I understand that parents and the Early Learning Coalition must be notified in writing 14 days in advance of any rate changes. The coalition may request a copy of the notification letter sent to parents.

Print Name

Title

Signature

Date