



Childcare Resources Provider Registration Form 2017-2018



Resource and Referral Registration

Supplemental Child Care Program Registration

Please print clearly and mark all items that apply to your program. If you have questions, please contact Childcare Resources at 945-0018 and speak with Myra (RR) at extension 303 or Cristi (SCCP) at extension 307. Childcare Resources, 244 West Valley Avenue Suite 200, Birmingham, AL 35209

Program Name (as written on license or exemption letter)

Director's Name

Type of Care Child Care Center Family Day Care Home Family Day Care Group Home School Age Preschool / Mother's Day Out
 Head Start Center Head Start Family Day Care Home Head Start Family Day Care Group Home

Physical Location (street) (city) (state) (zip)

Mailing Address, if different

County Blount Jefferson Shelby Walker

Email

Phone

Alternate Phone

Fax

Website

I am a licensed provider.

License # _____

Expiration Date _____

Licensed Capacity _____

Licensed to care for children age _____ to _____.

I accept children age _____ to _____.

***Please attach a copy of your current license.**

I am a licensed exempt provider.

I accept children age _____ to _____.

***Please attach a copy of your current exemption letter.**

Funded by Head Start First Class State Pre-K

National Accreditation NAEYC NAC NAFCC SAC

Subsidy (financial assistance programs) accepted

DHR Yes DHR No SCCP Yes SCCP No

Program setting

Non-Residential Faith-Based Franchise

Work Place Based Public School Private School

College/University related

Transportation Provided (please check all the transportation you provide)

Before School After School To or from a child's Home Walking Distance from School Near Public Transportation

Other _____

The school van and / or bus travels to the following schools:

Please list and explain any additional transportation provided.

Languages fluently spoken in your program by staff English Spanish Sign Language Other _____

Days and Hours of Operation

Days of the week	Open	Close
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Mother's Day Out and Part-time Preschool Programs:

If you have a schedule that varies per age-group please use the space below to explain your days and hours of operation schedule or attach a copy of your schedule from your parent handbook.

I accept children *(check all that apply)*

- Full Time Part Time Both
 Full Year School Year Summer Only
 Drop In Before School After School Temporary/Emergency Care Rotating Schedule 24-hour care Open Holidays

Tuition Rates and Fees

Please complete the tuition rate table as you advertise your rates to the community. In the space below write any rate information that is specific to your program. Remember to attach a copy of your published tuition and fees.		Daily (drop-in) Rate	Weekly Part-time	Weekly Full-time	Monthly Part-time	Monthly Full-time	Other
	Infants						
1 year olds							
2 year olds							
3 year olds							
4 year olds							
5 yrs—10 yrs							
11 yrs—18 yrs							

Additional fees

- Registration / Application \$ _____ Supply \$ _____ Book \$ _____ Security Deposit \$ _____
 Insurance \$ _____ Transportation \$ _____ Diaper \$ _____ Other \$ _____

Information about tuition and fees specific to my program (*i.e. before school cost, after school cost, before and after school cost, summer camp cost, etc...*)

Age Group Chart

	How many classes do you have for this age group? (# of classrooms/age group)	How many children will you enroll in a classroom? (# of children in a class)	Teacher to child ratio (# teachers/class)
SAMPLE	2 infant classrooms	5 children in each class	1 teacher for 5 infants
Infants			
1 year olds			
2 year olds			
3 year olds			
4 year olds			
5 yrs—10 yrs			
11 yrs—18 yrs			

<p>Non-profit status <input type="checkbox"/> Yes, I am a non-profit program</p> <p>Environment</p> <p><input type="checkbox"/> Smoke Free <input type="checkbox"/> No Pets <input type="checkbox"/> Pets Kept Separate</p>	<p>Meals</p> <p><input type="checkbox"/> Breakfast <input type="checkbox"/> Morning Snack <input type="checkbox"/> Lunch <input type="checkbox"/> Afternoon Snack</p> <p><input type="checkbox"/> Dinner <input type="checkbox"/> USDA program <input type="checkbox"/> Special Diet</p> <p><input type="checkbox"/> Parent Provide Lunch <input type="checkbox"/> Parent Provide Snack</p>
<p>Curriculum / Philosophy</p> <p><input type="checkbox"/> Abeka <input type="checkbox"/> Creative Curriculum <input type="checkbox"/> Head Start <input type="checkbox"/> High Scope</p> <p><input type="checkbox"/> Montessori <input type="checkbox"/> Reggio Emilia <input type="checkbox"/> Waldorf <input type="checkbox"/> Other _____</p>	<p>Tuition Discount Policies</p> <p><input type="checkbox"/> Multi-Child Discount <input type="checkbox"/> Corporate Discount</p> <p><input type="checkbox"/> Scholarship <input type="checkbox"/> Sliding Fee Scale</p>

<p>Safety</p> <p><input type="checkbox"/> CPR current Within 2 Yrs <input type="checkbox"/> First Aid Training</p> <p><input type="checkbox"/> Liability Insurance <input type="checkbox"/> Video Monitors</p>	<p>Director's years of experience</p> <p><input type="checkbox"/> under 1 year <input type="checkbox"/> 1-3 years <input type="checkbox"/> 4-9 years</p> <p><input type="checkbox"/> 10-20 years <input type="checkbox"/> 21+ years</p>
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<p>Director's Education</p> <p><input type="checkbox"/> High School Diploma or GED <input type="checkbox"/> CDA Child Development Credential <input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelor's Degree</p> <p><input type="checkbox"/> Master's Degree <input type="checkbox"/> Doctorate</p>

<p>Teaching Staff Education</p> <p><input type="checkbox"/> High School Diploma or GED <input type="checkbox"/> CDA Child Development Credential <input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelor's Degree</p> <p><input type="checkbox"/> Master's Degree <input type="checkbox"/> Doctorate</p>

<p>I have staff with training or experience with the following special needs</p> <p><input type="checkbox"/> Autism <input type="checkbox"/> Emotional/Behavioral <input type="checkbox"/> Health <input type="checkbox"/> Hearing <input type="checkbox"/> Learning Delay <input type="checkbox"/> Mental <input type="checkbox"/> Physical</p> <p><input type="checkbox"/> Speech <input type="checkbox"/> Vision <input type="checkbox"/> Wheelchair Accessible</p>

<p>Program Enrichment</p> <p><input type="checkbox"/> Arts and Crafts <input type="checkbox"/> Computer <input type="checkbox"/> Field Trips <input type="checkbox"/> Gymnastics / Dance <input type="checkbox"/> Tutor / Homework Help <input type="checkbox"/> Music <input type="checkbox"/> Outdoor Sports</p> <p><input type="checkbox"/> Foreign Language <input type="checkbox"/> Other _____ <input type="checkbox"/> Playground</p>

Statistical Information The following information is used only for statistical reports which may impact decisions made concerning local, state and national child care issues. It is considered confidential and never released or reported on an individual basis.

Staff Information

Position	# of Staff	Low Pay	High Pay	Benefits (check all that apply)
Director				<input type="checkbox"/> vacation <input type="checkbox"/> sick leave <input type="checkbox"/> paid holidays <input type="checkbox"/> health insurance <input type="checkbox"/> paid training/educational reimbursement <input type="checkbox"/> retirement <input type="checkbox"/> child care discount
Assistant Director				<input type="checkbox"/> vacation <input type="checkbox"/> sick leave <input type="checkbox"/> paid holidays <input type="checkbox"/> health insurance <input type="checkbox"/> paid training/educational reimbursement <input type="checkbox"/> retirement <input type="checkbox"/> child care discount
Lead Teacher				<input type="checkbox"/> vacation <input type="checkbox"/> sick leave <input type="checkbox"/> paid holidays <input type="checkbox"/> health insurance <input type="checkbox"/> paid training/educational reimbursement <input type="checkbox"/> retirement <input type="checkbox"/> child care discount
Assistant Teacher				<input type="checkbox"/> vacation <input type="checkbox"/> sick leave <input type="checkbox"/> paid holidays <input type="checkbox"/> health insurance <input type="checkbox"/> paid training/educational reimbursement <input type="checkbox"/> retirement <input type="checkbox"/> child care discount
Support Staff				<input type="checkbox"/> vacation <input type="checkbox"/> sick leave <input type="checkbox"/> paid holidays <input type="checkbox"/> health insurance <input type="checkbox"/> paid training/educational reimbursement <input type="checkbox"/> retirement <input type="checkbox"/> child care discount

Census Bureau Questions on Current Program Staff

Number of persons on staff who are Spanish / Hispanic / Latino:
 _____ Mexican, Mexican American, Chicano _____ Puerto Rican _____ Cuban
 _____ Other Spanish/Hispanic / Latino (write in group) _____

Number of persons on staff whose race is:
 _____ White _____ Black or African American _____ American Indian or Alaska native (print tribe) _____
 _____ Asian Indian _____ Native Hawaiian _____ Chinese _____ Filipino _____ Japanese _____ Vietnamese
 _____ Other Asian (print race) _____ _____ Guamanian or Chamorro _____ Samoan
 _____ Other Pacific Islander (print race) _____ _____ Other race (print race) _____

English Ability:
 Number of persons on staff who speak a language other than English at home _____
 What languages _____
 How well do the persons speak English? Very Well Well Not Well Not at All

Authorization

- I want my program to be in the Resource and Referral database and shared with parents searching for child care. I understand that Childcare Resources shares the following disclaimer to all parents searching for child care: **Childcare Resources does not warrant the information concerning any provider nor do we license, endorse, rate or recommend any particular provider. Only you can determine whether the quality of care is appropriate for your child.**
- Copy of current license attached Copy of current letter of exemption attached Copy of tuition and fees attached
- I want my program to participate in the Supplemental Child Care Program. I have completed pages 5 and 6.
- I do not want my program to be shared with parents, but allow my information to be used in statistical reports.

Signature of Director

Date

Supplemental Child Care Program 2017-2018

Program Name (as written on license or exemption letter)	
Director's Name	Alternate number:
Assistant Director's Name	
<input type="checkbox"/> Initial SCCP Registration <input type="checkbox"/> Annual SCCP Registration	

I certify:

- I operate a legally operating child care facility with a current license or letter of exemption (if required by law) from the Alabama Department of Human Resources; and a current copy of my renewed license or letter of exemption will be sent to Childcare Resources each time it is renewed or changed;
- All employees and volunteers of this program 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;
- Parents/guardians have unrestricted access to their child(ren) while in the care of my program; all employees and volunteers have criminal background/history checks as required under Alabama Act No. 2000-775; and 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;
- I will maintain and retain on-site for 3 years business records that document the delivery of services to subsidized and private-pay children, including published rates and attendance policies, daily attendance (sign-in and sign-out) sheets, receipts of fees paid by all parents, and provider communication forms;
- I will fully cooperate with Childcare Resources allowing its representatives unrestricted, on-site access to the above records in order to assure compliance with the statements and certifications made in this registration;
- I will diligently collect the full parent fees from parents/guardians of subsidized children and report to Childcare Resources any who fail to make the required parent payment;
- I will inform parents/guardians of all rates and fees before enrolling their child(ren) and at least 30 days in advance of changes after enrollment;
- I will publish, charge and collect the same rates from private-pay or subsidized parents, or notify Childcare Resources if a subsidized parent is charged a different negotiated rate;
- I will record attendance, absences, withdrawals and terminations accurately on Enrollment Attendance Verification (EAV) forms and submit signed originals by the 5th of the month following attendance.

I understand the following:

- Parents/guardians are solely responsible for selecting child care for their child(ren); therefore, there is no guarantee that any child will be placed in this program as a result of this registration. I further understand that Childcare Resources shares the following disclaimer to all parents searching for child care: **Childcare Resources does not warrant the information concerning any provider nor do we license, endorse, rate or recommend any particular provider. Only you can determine whether the quality of care is appropriate for your child.**
- Childcare Resources subsidizes child care tuition and does not subsidize registration fees or any other fees charged by the program;
- Childcare Resources will reimburse up to five (5) absences per child in one calendar month without documentation from the provider and/or the parent;
- Childcare Resources will only reimburse for 13 **scheduled** closure days which includes holidays and vacations in a twelve month period, September 1 thru August 31, and that it is my responsibility to publish these dates for my parents and give Childcare Resources advance written notification of any changes. These days should be coded as *H* to designate the day as a holiday;
- Childcare Resources will reimburse up to five (5) or more days per calendar year due to emergency closures, unexpected, unusual, unforeseen inclement weather, natural disasters, state of emergencies or situation in which children's health and safety is at risk. These days should be coded as *C* to designate as closed;

- Childcare Resources will not subsidize more than five (5) absences per child in one calendar month without a doctor's excuse validating illness;
- Childcare Resources will continue to subsidize enrolled children up to 6 weeks during a parent/guardian's documented maternity/medical leave, provided approval is received from Childcare Resources prior to the leave, or in the case of emergency, at its onset; if a parent elects to suspend coverage during this time, it will resume when the parent returns to work;
- Changes in rates must be submitted to Childcare Resources 30 days prior to the date of the change;
- Subsidy checks will be issued by the 15th of each month following the month of attendance to providers who submitted EAV's in accordance with SCCP policy. If the 15th falls on a Saturday checks will be mailed on the previous Friday. If the 15th falls on a Sunday checks will be mailed on the following Monday. 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.

Supplemental Child Care Program Rate Table

Level(s) of Care Provided	Full-time Weekly rates	Part-time Weekly Rates (less than 25 hrs week)
Infant/Toddler (Birth to 2 1/2 yrs)		
Preschool (2 1/2 yrs to 5 yrs)		
Sibling Discounts: Please list any discount you give to families who have more than one child enrolled. \$ _____ or _____ % per sibling per week for full time care and \$ _____ or _____ % per sibling for part-time care. List any other discounts, you provide _____ .		

Supplemental Child Care Program Holiday Closure Table

List the actual day that your program will be closed to observe holidays from January 1, 2017—December 31, 2017 (for example 12/25/17). Please list 13 days and only one day per box.

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 program will not be eligible to receive SCCP funds for any period during which it is determined to be out of compliance with the aforementioned certification 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 program may have to repay money to Childcare Resources for any period of noncompliance, and that this program may further be temporarily or permanently suspended from future participation in the Supplemental Child Care Program.

Signature of Director or Owner

Date

Childcare Resources recommends that you make a copy of your completed registration form for your records.