



Military Fee Assistance Department  
 1515 N. Courthouse Road, 2nd Floor  
 Arlington, VA 22201  
 Phone: 1-800-424-2246

## ARMY RESPITE CHILD CARE CHILD CARE PROVIDER REGISTRATION FORM

Please complete this application and fax to 703-341-4169 or email to  
[armyrespitechildcare@usa.childcareaware.org](mailto:armyrespitechildcare@usa.childcareaware.org)

### PROVIDER STATUS

Provider/Program Name: \_\_\_\_\_  
 (As it appears on license/registration)

Check Any That Apply:

- |  |                    |   |  |
|--|--------------------|---|--|
| <input type="checkbox"/> Licensed Center                     | Regulatory status? | <input type="checkbox"/> Licensed               | <input type="checkbox"/> Regulated/Certified |
| <input type="checkbox"/> Licensed Family Child Care Provider | Accreditation Name | <input type="checkbox"/> NAEYC                  | <input type="checkbox"/> NAFCC               |
| <input type="checkbox"/> Nationally accredited program       |                    | <input type="checkbox"/> NAC                    | <input type="checkbox"/> NECPA               |
| <input type="checkbox"/> CDA credentialed FCC provider       |                    | <input type="checkbox"/> AdvancED Accreditation |  |

### 1. PROVIDER'S CONTACT INFORMATION

Address where care is to be provided:

Street Name and Number: \_\_\_\_\_

\_\_\_\_\_  
 City State Zip Code

Provider/Program Mailing Address:

Street Name and Number: \_\_\_\_\_

\_\_\_\_\_  
 City State Zip Code

County in which care is provided: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Provider/Program telephone number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Valid** Email Address: (Will be used for all communication) \_\_\_\_\_

### 2. PROVIDER'S PROGRAM PROFILE

Child Care License No./Registration No.: \_\_\_\_\_  
 (COPY OF LICENSE/REGISTRATION MUST BE ATTACHED)

License Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of last Licensing Inspection \_\_\_\_/\_\_\_\_/\_\_\_\_

Licensing Agency Contact Name: \_\_\_\_\_ Licensing Agency Contact Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**ATTENTION: IN ORDER TO RECEIVE REIMBURSEMENT IN A TIMELY MANNER, DIRECT DEPOSIT IS PREFERRED.**

**3. PROVIDER'S DIRECT DEPOSIT INFORMATION**

**Attach a voided check for the account designated below.**

Bank Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Checking Account     Savings Account

Account Number: \_\_\_\_\_

Automated Clearing House (ACH) Number: \_\_\_\_\_

Signature: \_\_\_\_\_

**4. PROVIDER'S PROGRAM RATES/FEES**

Provider hourly charge per child: \_\_\_\_\_

Providers will be reimbursed at a maximum of \$10/hour for the first child and \$5/hour for each additional child, not to exceed \$20/hour per family.

**Please check all boxes:**

- The rates listed above are the true and correct rates that I charge *all* parents for the care of their child(ren) if providing hourly care. NOTE: Failure to adhere to this policy will result in the provider/program being required to refund overpayments and in negative action, including program termination and legal action.
- I understand that Child Care Aware® of America cannot reimburse me for more than I charge private pay clients.
- I understand that I must notify Child Care Aware® of America at least 15 (fifteen) days prior to any rate change in order for the new rate to be honored.
- I understand that program or policy violations will result in having to repay money to Child Care Aware® of America and/or suspension from future participation in Child Care Aware® of America fee assistance programs.
- I understand that Child Care Aware® of America will reimburse the provider for the amount of hours of child care per child each month for which the family is eligible. The cost of any care beyond will be the family's responsibility.

*I have read all of the above, I understand its content, and I certify that the information I have provided is true and correct.*

\_\_\_\_\_  
Signature (Provider/Program Owner or Authorized Agent of Owner)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date:

**MANDATORY SUPPORTING DOCUMENTS**

**In addition to this form I have submitted:**

(Fax or email these documents to Child Care Aware® of America.)

- W-9 Form
- EIN Certificate
- Child Care License
- Copy of latest Licensing Inspection Report
- National Accreditation Certificate if applicable
- CDA credential **or** Early Childhood Education or Child Development degree (*if applicable in a child care home*)

## 5. PROVIDER'S PROGRAM RESPONSIBILITIES AND CERTIFICATION

I [the Provider/Program] understand/agree that (please check all boxes):

- Provider/program will continue to meet all minimum requirements set by the state and agrees to comply with all Child Care Aware® of America policies necessary for reimbursement.
- Provider/program will fax or email the monthly attendance record **NO LATER THAN 30 days following** care or upon termination of care (if care stops before the end of the month).
- Child Care Aware® of America will not pay fees for lateness, transportation, trips or any other miscellaneous fees (e.g., fieldtrips, etc.). Provider/program shall collect any such fees directly from the parent.
- Provider/program agrees to repay Child Care Aware® of America any money received for which services were not provided.
- The Applicant has chosen the Provider/Program to provide child care services. Prior to reimbursement, the Provider/Program must first provide all information requested on the front of this form and be determined a legal provider/program in your state. Provider agrees to provide Army Respite Child Care services **ONLY** when approved by Child Care Aware® of America.

**I understand I will not be paid for care that was provided before I have received an approval certificate from Child Care Aware® of America. No care provided before approval will be reimbursed.**

*I have read all of the above and understand its content. I also understand that non-compliance with any of the above may result in termination of my participation in the Child Care Aware® of America Respite Child Care program.*

\_\_\_\_\_  
Signature (Provider/Program Owner or Authorized Agent of Owner)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

## 6. CHILD CARE AWARE® OF AMERICA RESPONSIBILITIES

- Child Care Aware® of America MILITARY PROGRAMS is responsible for coordination of child care payments and other related support services as necessary to the children and families served under this agreement.
- Child Care Aware® of America MILITARY PROGRAMS will not pay more than one provider/program, for the same child(ren), for the same period of care.