



**Direct Deposit Enrollment Form**

CHECK ONE

I do not want to enroll in direct Deposit at this time. I would like to be paid by check. (Skip this page and continue to page 3.)

I would like to receive payments faster so please enroll me in direct deposit. (Fill out the Direct Deposit Account Information below.)

**Instructions:** Please complete the direct deposit account information and attach a voided check below. A voided check must be attached in order to successfully enroll your facility in direct deposit.

**DIRECT DEPOSIT ACCOUNT INFORMATION**

**BANK NAME:** \_\_\_\_\_

**CITY:** \_\_\_\_\_

**STATE:** \_\_\_\_\_

Checking Account

Savings Account

**ACCOUNT NUMBER:** \_\_\_\_\_

**AUTOMATED CLEARING HOUSE (ACH) NUMBER:** \_\_\_\_\_

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

ATTACH YOUR  
VOIDED CHECK HERE

**Licensing Information**

Licensing Agency Contact Name: \_\_\_\_\_  
 Licensing Agency Contact Phone #: \_\_\_\_\_  
 Date of Last Inspection: \_\_\_\_\_ Licensing Capacity: \_\_\_\_\_  
 Have you had a background check within the past year?  Yes  No

**Hours of Operations**

Ages Served: \_\_\_\_\_

Days of Operation	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Hours of Operation							

**Is your facility Federally Sponsored?**  
 Yes  No

**Is your facility affiliated with a Military Installation?**  
 Yes (Your program does not qualify as this program is for off-base providers)  
 No (continue with application)

**Annual Closure Schedule**  
 Please enter specific dates (MM/DD/YYYY) the child care facility is scheduled for closing. You may also attach a separate closing schedule when you submit your application.

Month	Dates of Closure
September	
October	
November	
December	
January	
February	
March	
April	
May	
June	
July	
August	

### Provider/Program Rates

Please list the rates that you charge per child or attach a separate rate sheet if all rates are unable to fit in this table. Please know that these rates must be the rates charged to all families. If you attach a separate form, you still must complete the "Provider/Program Registration Fees" portion of this page. (Check ALL boxes, sign and date.)

\*Not reimbursable in all states.

*Different payment rules may be available for children with disabilities. Payments will be determined on a case-by-case basis if the program has demonstrated that additional accommodations are required in order to care for the child.*

AGE GROUP	AGE IN AGE GROUP	DAILY	FULL TIME WEEKLY	PART TIME WEEKLY	MONTHLY	*24 HOUR/OVERNIGHT (DAILY)
INFANT						
TODDLER						
PRESCHOOL						
SCHOOL AGE						

### Fee Assistance Provider Rate Verification Form

#### Provider/Program Registration Fees and Discounts

Please respond to the questions below listing all discounts and registration fees. A separate sheet may be attached if necessary.

Does the Provider/Program Require a Registration Fee?  Yes  No

If yes, what is the registration fee? \_\_\_\_\_ per child OR \_\_\_\_\_ per family

How often? Check one:  Annual  One-time  Other \_\_\_\_\_

Do you provide a multiple child/sibling discount?  Yes  No

If yes, explain: \_\_\_\_\_

Do you provide a military child discount?  Yes  No

If yes, explain: \_\_\_\_\_

Do you provide an employee discount?  Yes  No

If yes, explain: \_\_\_\_\_

Do you provide a corporate discount?  Yes  No

If yes, explain: \_\_\_\_\_

Do you provide any other discounts?  Yes  No

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

When a child moves to a new age group that is charged a different rate, when does the rate change go into effect?

On their birthday  The beginning of the next school year  Other (please specify): \_\_\_\_\_

#### Provider/Program Additional Child Care Fee Assistance

Additional fee assistance may include state/local/county child care subsidy or any other child care fee assistance program.

Does the Provider/Program accept additional child care fee assistance programs?  Yes  No

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

**\*\*Please note that you must submit copies of vouchers for all families that are applying to receive fee assistance through Child Care Aware® of America in order to ensure accurate processing.\*\***

**Are military families in your care currently using additional child care assistance programs?**

Yes  No

**If yes, please provide a copy of the child care vouchers.**

**Is there any other information you would like to share regarding discounts, fees or subsidy?**

Yes  No

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### Provider/Program Responsibilities and Certification

In addition to this application, I will submit the documents below for review:


(Fax, mail, or email these documents to CHILD CARE AWARE® OF AMERICA Fee Assistance Department.)

- W-9 Form
- Child Care License
- Accreditation Certificate (if applicable- See page 1 for a listing)
- Child Care Rates
- EIN Certificate (Issued by the IRS)
- Rate Verification Form

I [the Provider/Program] understand/agree that:

**CHILD CARE AWARE® OF AMERICA Fee Assistance Program 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 pay **licensed and regulated** provider/programs for federal holidays and school vacations. Child Care Aware® of America Military Programs will also pay **licensed and regulated providers/programs** for up to five sick/no-care days per month. Excessive absences may require formal documentation (i.e. doctor's note).
- ✓ Child Care Aware® of America Military Programs will not pay more than one child care provider for the same child(ren) for the same period of care.

 \_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

(Provider/Program Owner or authorized agent of owner)