

Non-Transferable Child Care Certificate for School Readiness Services

PARENT INFORMATION			
*This certificate is not valid for care arranged after: ___ / ___ / ___			
Parent Name:		Parent's Date of Birth:	
Home Address			
City:	State: FL	Zip:	ID # (SSN Optional):
Home Phone:	Work Phone:		Employer's Name:
Category:		Eligibility:	
Care Authorized From:	To:	(*No reimbursements made after this date)	
ECS Staff Person:			
Case Worker (if applicable):			

CHILDREN REQUIRING CARE													
Child's Name	D.O.B.	ID#	Type	Approved Rate	Gold Seal Rate	Parent Fee**	Schedule						
				Rate:			Mon	Tue	Wed	Thu	Fri	Sat	Sun
				Start Date:									
				End Date:									

Enrolled On:	Provider Name:
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				Rate:			Mon	Tue	Wed	Thu	Fri	Sat	Sun
				Start Date:									
				End Date:									

Enrolled On:	Provider Name:
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				Rate:			Mon	Tue	Wed	Thu	Fri	Sat	Sun
				Start Date:									
				End Date:									

Enrolled On:	Provider Name:
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**** Indicates parental fee, which is the responsibility of the parent Totals:\$**

I certify that by use of this certificate that I am exercising my choice of caregiver for my child. Other placement options in licensed and subcontract facilities and homes have been explained to me. The Department and its contract provider are indemnified from all possible liability for payments to the caregiver that I select and from liability for the quality of care my child receives. I understand that I have access to my children at any time and that I may visit the provider's setting at any time during care hours.

Signature of Parent: _____ Date: _____
 Signature of Provider: _____ Date: _____
 Signature of Eligibility Worker: _____ Date: _____