Military Subsidy Programs

CHILD CARE PROVIDER/PROGRAM INFORMATION AND REGISTRATION FORM

To receive a $25 credit, complete this application online. www.naccrra.org/militaryprograms

<table>
<thead>
<tr>
<th>Provider/Program Name</th>
<th>Accreditation Expiration Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>(As is appears on license/registration)</td>
<td></td>
</tr>
</tbody>
</table>

Check Any That Apply:

- [ ] Nationally accredited program
- [ ] NAEYC
- [ ] NAFCC
- [ ] NAA
- [ ] NAC
- [ ] NECPA
- [ ] CDA credentialed provider
- [ ] Early Childhood Education or Child Development degreed FCC provider
- [ ] Licensed Program
- [ ] Army After School Program In Your Neighborhood (ASPYN)
- [ ] Army (ACCYN) program provider working towards accreditation
- [ ] Marine Corps program provider working towards accreditation

Provider/Program Mailing Address:

<table>
<thead>
<tr>
<th>Street Name and Number</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

Address where care is to be provided:

<table>
<thead>
<tr>
<th>Street Name and Number</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

County in which care is provided:

<table>
<thead>
<tr>
<th>Contact Name:</th>
</tr>
</thead>
</table>

Provider/Program telephone number

<table>
<thead>
<tr>
<th>Provider/Program telephone number</th>
<th>E-Mail Address:</th>
</tr>
</thead>
</table>

- [ ] Opt Out of Preferred and Approved Provider Network

Provider/Program Taxpayer Identification Number (TIN):

Type of Provider/Program (check one):

- [ ] Center
- [ ] Family Child Care Home
- [ ] Group Home

Regulatory Status (check one)

- [ ] Licensed
- [ ] Regulated
### DIRECT DEPOSIT ACCOUNT INFORMATION

Attach a voided check for the account designated below.

<table>
<thead>
<tr>
<th>Bank Name:</th>
<th>City:</th>
<th>State:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- ☐ Checking Account
- ☐ Savings Account

**Account Number:**

**Automated Clearing House (ACH) Number:**

**Signature:**

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If you choose to use direct deposit for your payments, you will receive a $25 bonus.

Leave this page blank if it is necessary for you to be paid by check.

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07/01/2009
Provider/Program Profile

Child Care License No./Registration No.: ____________________________

(COPY OF LICENSE/REGISTRATION MUST BE ATTACHED)

License Expiration Date: ____________________________

Licensing Agency Contact Name: ____________________________
Licensing Agency Contact Phone: ____________________________

Date of Last Inspection: ____________________________

Have you had a background check within the past year? ☐ Yes ☐ No

Do you have a star rating? ☐ Yes ☐ No

Number of Stars: ____________________________

PROVIDER/PROGRAM INFORMATION

Ages Served:

<table>
<thead>
<tr>
<th>Days of Operation</th>
<th>MONDAY</th>
<th>TUESDAY</th>
<th>WEDNESDAY</th>
<th>THURSDAY</th>
<th>FRIDAY</th>
<th>SATURDAY</th>
<th>SUNDAY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hours of Operation</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

PROVIDER/PROGRAM RATES FEES

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

If yes, what is the registration fee? ____________________________

Please check all boxes:

☐ The rates listed below are the true and correct rates that I charge all parents for the care of their child (ren).

☐ I understand that NACCRAA Military Programs cannot pay me more than I charge private pay clients.

☐ I also understand that if approved for the program, the NACCRAA Military Program subsidy and the parent co-pay will equal the provider’s current rate.

☐ I understand that I must notify NACCRAA Military Programs 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 NACCRAA Military Programs and/or suspension from future participation in the NACCRAA Military Programs.

KinderAttend Signup Agreement:

☐ I have indicated on the registration page that I would like to sign up to use the KinderAttend online attendance tracking website. My username is ____________. I understand that by doing this, I will receive a $25.00 bonus.

I would like to sign up now to use the KinderAttend online attendance tracking website. My username will be ____________. I understand that by doing this, I will receive a $25.00 bonus.

I have chosen not to sign up for KinderAttend at this time.
Provider/Program Profile

Please list the rates that you charge per child.

<table>
<thead>
<tr>
<th>AGE GROUP</th>
<th>AGE IN AGE GROUP</th>
<th>DAILY</th>
<th>FULL TIME WEEKLY</th>
<th>PART TIME WEEKLY</th>
<th>MONTHLY</th>
<th>*24 HOUR/ OVERNIGHT (DAILY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>INFANT</td>
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<tr>
<td>TODDLER</td>
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<tr>
<td>PRESCHOOL</td>
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<tr>
<td>SCHOOL AGE</td>
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</table>

*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.

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 Ow)

Annual Closure Schedule

Please enter specific dates (MM/DD/YYYY) the child care facility is scheduled for closing:

<table>
<thead>
<tr>
<th>Month</th>
<th>Dates of Closure</th>
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</thead>
<tbody>
<tr>
<td>September</td>
<td></td>
</tr>
<tr>
<td>October</td>
<td></td>
</tr>
<tr>
<td>November</td>
<td></td>
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<td>December</td>
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<td>June</td>
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<tr>
<td>July</td>
<td></td>
</tr>
<tr>
<td>August</td>
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</tbody>
</table>
In addition to this application I have submitted the documents below:
(Fax, mail, or em all these documents to NACCRA)

- W-9 Form
- Child Care License
- National Accreditation certificate or QFCC or ACCYN Quality Child Care Participant Certificate, if applicable
- CDA credential or Early Childhood Education or Child Development degree, if applicable

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 NACCRA MILITARY PROGRAMS policies necessary for reimbursement.

☐ Provider/program will notify NACCRA MILITARY PROGRAMS immediately when a child stops receiving care. It is understood that any parent/guardian must be given access to his/her child(ren) at any time during care hours.

☐ Provider/program will submit electronically or mail the monthly attendance record NO LATER THAN the first (1st) day of the month following care or upon termination of care (if care stops before the end of the month). PLEASE NOTE: Reimbursement may be delayed if the attendance record is submitted electronically or is postmarked later than the 1st day of the month following care. In addition, reimbursement for 24-hour or overnight care may not be legal in all states.

☐ Provider/program will not charge a higher fee for children of Military Sponsors than for the same service to the public.

☐ NOTE: Failure to adhere to this policy will result in provider/program being required to refund overpayments and in cancellation of this and future payments from NACCRA MILITARY PROGRAMS.

☐ NACCRA MILITARY PROGRAMS will not pay fees for lateness, transportation, trips or any other miscellaneous fees (i.e., field trips, etc.). Provider/program shall collect any such fees directly from the Member.

☐ Provider/program agrees to repay NACCRA MILITARY PROGRAMS any money received for which services were not provided.

☐ Provider/program agrees to notify NACCRA MILITARY PROGRAMS at least fifteen (15) calendar days before ending child care services. NOTE: In cases of emergency please notify NACCRA MILITARY PROGRAMS immediately (1-800-793-0324).

☐ 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 form, be determined a legal provider/program in your state.

☐ The Service Member must be determined and remain eligible to receive reduced fee child care through NACCRA MILITARY PROGRAMS.

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 NACCRA MILITARY PROGRAMS.

_________________________/_______/_______

Signature (Provider/Program Owner or Authorized Agent of Owner) Date

NACCRA MILITARY PROGRAM RESPONSIBILITIES

☐ NACCRA 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.

☐ NACCRA MILITARY PROGRAMS will pay licensed and regulated providers/programs for federal holidays and school vacations. NACCRA 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).

☐ NACCRA MILITARY PROGRAMS will not pay more than one provider/program for the same child (ren), for the same period of care.