

Parent Name:

C4K Case Number:

Si quiere recibir este formulario en español, llame al 1-888-214-5437.



MAKING CHILD CARE AFFORDABLE

Parent-Provider Agreement Form

This form tells us about the child care arrangement.

Only Fill Out

Highlighted Areas

Step 1: This form must be completed by the parent **and** the child care provider.

- **Parent** – Complete Sections 1, 3 and 5.
- **Child Care Provider** – Complete Sections 2, 3 and 4.

Step 2: Make sure all sections have been filled in and the information is correct. Answer all Yes or No questions by checking the right box. Once you have filled out and checked this form, make sure the parent and provider sign and date this form. If you need help, call 1-888-214-5437 or visit www.ctcare4kids.com. **Incomplete forms may not be accepted and will delay processing.**

Step 3: The law requires us to report all payments to the Internal Revenue Service (IRS) for income tax purposes. If you are a new child care provider with Care 4 Kids (C4K), you must provide us with your Social Security Number or Federal Employer Identification Number and fill out an IRS W-9 form. To get a W-9 form by mail, call 1-888-214-5437, or download the form at www.ctcare4kids.com. If you have already submitted a W-9 form to us, you do not need to fill out a new form unless your information has changed. Care 4 Kids does not withhold income taxes. Providers are responsible for paying taxes to the IRS and the State of Connecticut.

Step 4: Submit the filled out form to: **Care 4 Kids, 1344 Silas Deane Highway, Rocky Hill, CT 06067** or fax it to: **1-877-868-0871**.

SECTION 1: PARENT INFORMATION (To be completed by Parent)

Parent Name: _____ C4K Case Number: _____
Last Name, First Name, Middle Initial

Parent Address: _____ City, State, Zip Code: _____

Telephone Number: (Primary) _____ (Secondary) _____

Reason for submitting this form: Part of my Application or Redetermination Reporting changes or a new provider

SECTION 2: CHILD CARE PROVIDER INFORMATION (To be completed by Provider)

What type of child care provider are you?

- Unlicensed Individual (relative)
- Licensed Family Child Care Home
- Licensed Child Care Center
- Licensed Group Child Care Home
- Licensed Youth Camp
- Exempt Youth Camp**
- Exempt Center Based Program

Are you accredited by any of the following? (check if yes)

- National Assoc. for the Education of Young Children (NAEYC)
- Council on Accreditation (COA)
- New England Assoc. of Schools and Colleges (NEASC)
- National Assoc. for Family Child Care (NAFCC)

SECTION 2A: LICENSED CHILD CARE PROVIDERS/EXEMPT PROGRAMS

PROVIDER NAME

Center Name: Griswold Spring Camp (Town of Griswold) Licensed Home: _____
(Last) (First)

Address where child care is provided: 303 Slater Avenue, Griswold, CT 06351

Telephone Number: 860.376.7600

C4K Provider ID: 250009303

ALL MAILING + INVOICES MUST BE MAILED TO:
Griswold Park&Rec
28 Main Street
Jewett City, CT 06351

Griswold
Spring
Camp

NON
RESIDENT

Parent Name:

C4K Case Number:

SECTION 2B: UNLICENSED RELATIVE CHILD CARE PROVIDERS *(To be completed by Provider)*

You must be related to the child by blood, marriage, or adoption. This means the child is your grandchild, great grandchild, niece, nephew, or sibling. If you are not related, you must have a license from the Office of Early Childhood Division of Licensing to provide child care.

Provider Name:

**PAGE IS NOT RELATED
TO OUR PROGRAM.
We are a Municipality
Unlicensed Program.**

Parent Name: _____

C4K Case Number: _____

SECTION 3: CHILDREN IN CARE (To be completed together by Parent and Provider)

Complete for each child needing Care 4 Kids assistance. If there are more than 3 children in your care, make a copy of this page or download and print another copy of this page from the Care 4 Kids website at www.ctcare4kids.com.

CHILD #1

LAST NAME

FIRST NAME

M.I.

DATE OF BIRTH

/ /

Date care started: _____ How much is the parent charged per week? \$ _____ \$180 max

Are you charging a mandatory registration fee for this child at this time? YES NO If yes, how much is the registration fee? \$ _____

Are you related to this child? YES NO If related, specify your relationship to the child: _____

Weekly Day/Times

Monday - April 14 - 9:00 - 4:00 pm

Tuesday - April 15 - 9:00 - 4:00 pm

Wednesday - April 16 - 9:00 - 4:00 pm

Thursday - April 17 - 9:00 - 4:00 pm

CHILD #2

LAST NAME

FIRST NAME

M.I.

DATE OF BIRTH

/ /

Date care started: _____ How much is the parent charged per week? \$ _____ \$180 max

Are you charging a mandatory registration fee for this child at this time? YES NO If yes, how much is the registration fee? \$ _____

Are you related to this child? YES NO If related, specify your relationship to the child: _____

Weekly Day/Times

Monday - April 14 - 9:00 - 4:00 pm

Tuesday - April 15 - 9:00 - 4:00 pm

Wednesday - April 16 - 9:00 - 4:00 pm

Thursday - April 17 - 9:00 - 4:00 pm

SECTION 3, CONTINUED: CHILDREN IN CARE (To be completed together by Parent and Provider)

CHILD #3

LAST NAME FIRST NAME M.I. DATE OF BIRTH

Date care started: How much is the parent charged per week? \$ \$180 max

Are you charging a mandatory registration fee for this child at this time? YES NO If yes, how much is the registration fee? \$

Are you related to this child? YES NO If related, specify your relationship to the child:

Weekly Day/Times

- Monday - April 14 - 9:00 - 4:00 pm
Tuesday - April 15 - 9:00 - 4:00 pm
Wednesday - April 16 - 9:00 - 4:00 pm
Thursday - April 17 - 9:00 - 4:00 pm

SECTION 4: PROVIDER CERTIFICATION (To be completed by Provider)

I certify that:

- 1) I am the individual or program that is providing care to the children listed on this form. I am at least 20 years of age and capable of providing safe and competent child care services.
2) Care will be given at the location specified on the form. I am responsible for reporting changes in the hours of care, the amount I charge for services, if the child stops attending care, and changes in the location where care is given.
3) For each child in my care, I have the name of the child's primary care physician and health insurance provider and proof that each child is up to date with his or her immunizations and health screening exams.
4) I understand and agree that the Office of Early Childhood and Care 4 Kids may verify information listed on this form independently without prior authorization, including criminal and child abuse/neglect background checks.
5) I understand that this agreement is between the parent and the provider. It is not a contract with Care 4 Kids or the State of Connecticut. Neither Care 4 Kids nor the State of Connecticut employ me. I am an independent contractor and will receive a 1099 tax form for monies received from Care 4 Kids.
6) Care 4 Kids may not cover my total charges. The parent is responsible for any costs that are not paid by Care 4 Kids.
7) I may be required to repay benefits that were paid to me in error. I may also be subject to criminal or civil charges if I knowingly omit, misrepresent or provide false information to Care 4 Kids or if I do not report changes in a timely manner that affect payments or my eligibility for this program.
8) I must submit a completed invoice to receive payment. Invoices are issued to me when payment is approved and monthly thereafter. I will have 120 days to submit the completed invoice in order to be paid.
9) To be eligible for payments, (1) I will abide by State of Connecticut health and safety regulations as applied to me (either as a licensed or unlicensed provider), and (2) I will cooperate with the State of Connecticut and its designees in program audits and fraud prevention activities, including any site visits that may be conducted to my home, child care site or place of employment.
10) I understand I must complete the orientation and annual training requirements in order to be eligible for payment. For more information on specific provider requirements, visit www.ctcare4kids.com.
11) I have read and understand the information contained in this form and certify that all of the information I have provided is true and correct to the best of my knowledge.
12) I understand that if I am licensed, I must report any child fatalities and any injuries that result in a child being admitted to a hospital that occur while a child is in my care to The Office of Early Childhood, Licensing Division at 1-800-282-6063.

Provider Name (please print): AUBIN RYAN K LAST NAME FIRST NAME M.I.

Provider Signature: Ryan k. Aubin DATE 2.24.25

Parent Name:

C4K Case Number:

SECTION 5: PARENT CERTIFICATION (To be completed by Parent)

I certify that:

- 1) I have selected the provider identified above to care for my children while I work or attend an approved activity.
- 2) I will report any changes in child care arrangements, household income that exceeds 85% of the State Median Income guidelines, loss of a job or ending of an approved activity, if the child receiving Care 4 Kids benefits is no longer in the home, or my residential address to Care 4 Kids within 10 days of a change.
- 3) I am responsible to pay the provider any costs not covered by Care 4 Kids.
- 4) I understand and agree that Care 4 Kids may contact the provider listed above and the provider may contact Care 4 Kids concerning my eligibility and payment amounts.
- 5) I may be required to repay benefits that were paid in error on my behalf. I may also be subject to criminal or civil charges if I knowingly omit, misrepresent or provide false information to Care 4 Kids or if I do not report changes in a timely manner that affect payments or my eligibility for this program. I may be liable for all penalties associated with crimes, including, but not limited to, larceny by defrauding a public community, conspiracy to commit larceny by defrauding a public community, vendor fraud, forgery, false statement and other relevant crimes pursuant to Title 53a of the Connecticut General Statutes.

Parent Name (please print): _____

LAST NAME

FIRST NAME

M.I.

Parent Signature: _____

DATE