



PARENT INFORMATION

This Certificate is not valid for care arranged after: ___/___/___

Parent Name: _____ SS N: _____
 Home Address: _____ City: _____ State: _____ Zip: _____
 Home Phone: _____ Work Phone: _____
 Eligibility: _____ Category: _____ Care Authorization from: _____ to: _____ (No reimbursement made after this date)
 Case Worker: _____ Contact Number: _____
 Provider Name: _____

CHILDREN REQUIRING CARE

Child's Name	DOB	S.S.#	FT/PT	Approved Rate	G.S. Rate	Parent Fee	Schedule M T W Th F S S
_____	_____	_____	_____	_____	_____	_____	M T W Th F S S
_____	_____	_____	_____	_____	_____	_____	M T W Th F S S
_____	_____	_____	_____	_____	_____	_____	M T W Th F S S
_____	_____	_____	_____	_____	_____	_____	M T W Th F S S

Daily Total: \$ _____

(G.S. Rate = Gold Seal Rate)

Please Note: **Parents** are responsible for daily total

I certify that by use of this certificate that I am exercising my choice of caregiver for my child. Placement options in other types of child care facilities have been explained to me. 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/Guardian: _____ Date: _____ / _____ / _____
 Signature of Provider: _____ Date: _____ / _____ / _____
 Signature of Client Services Counselor: _____ Date: _____ / _____ / _____

Other Fees: The School Readiness program does not pay for any registration fees, supplies, or costs of care over and above the maximum School Readiness rate that is being paid to the provider. Your provider may choose to charge you the difference between the School Readiness rate and what they normally charge (differential fee).

Fair Disclosure Statement: THE PROVISION OF SCHOOL READINESS SERVICES ARE SUBJECT TO THE AVAILABILITY OF FUNDING AND PLACEMENT PRIORITIES.

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Toll-Free: 877-840-5437

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Crystal River, FL 34429
Phone: 352-563-9939
Fax: 352-563-5933
Toll-Free: 877-336-5437

Bushnell Office
114 N. Jumper Drive
Bushnell, FL 33513
Phone: 352-793-5430
Fax: 352-793-6230

Copy: Client File Parent/Guardian Provider



*** Parent /Guardian: Please Note: School Readiness Services will end on the date indicated on this form. Redetermination for School Readiness Services will be required PRIOR to the date shown. _____ (initials)**