

Center Participation Agreement

Scholarship Level 2 for Teachers and Directors

The Level 2 program offered through Child Care Aware of Missouri® requires the participation of each scholarship recipient's employing child care program.



Recipient agrees to:

1. Complete 9-15 credit hours in early childhood education during a 12 month period, one educational year.
2. Pay 10% of the cost of tuition and books for courses totaling 9-15 credit hours per educational year.
3. Take 1.5 hours of paid time off per week of the semester to study or prepare for class.
4. Remain in service at the sponsoring facility for at least an additional nine months after the educational year if \$300 bonus is matched by sponsor OR remain in service for nine months after the educational year in a licensed child care program if the bonus is not matched by the sponsor.

Sponsoring Program agrees to:

1. Pay 15% of the cost of tuition and books for 9-15 credit hours per educational year.
2. Provide the recipient with 1.5 hours a week of paid time off while class is in session.
3. Sponsor, please choose from the following two options:
 - ☐ Option A: Match the \$300 bonus from T.E.A.C.H. MISSOURI resulting in a nine month recipient commitment time to the program upon completion of the educational year (21 months total).
 - ☐ Option B: Not match the bonus so the contract is complete upon the completion of the recipient's educational year (12 months total).

Missouri Preschool Project Information

Will the sponsor percentage of tuition and books be paid by a Missouri Preschool Project Grantee?

☐ Yes ☐ No If yes, provide the name of the grantee: _____

Will the recipient percentage of tuition and books be paid by a Missouri Preschool Project Grantee?

☐ Yes ☐ No If yes, provide the name of the grantee: _____

_____ Print Applicant Name		
_____ Print Sponsoring Program Name and License Number		
_____ Print Owner or Director Name	_____ Signature of Owner or Director	_____ Date



CHILD CARE & EARLY LEARNING PROGRAM INFORMATION FORM



To be completed by director or owner only. Please keep a completed copy for your records and
mail to: T.E.A.C.H. MISSOURI | 1000 Executive Parkway Dr., Ste. 103 | St. Louis, MO 63141
OR fax to: 866-697-8168 OR scan and email to: info@teach-missouri.org

Licensed Business Name _____ Date _____
DBA (If different from licensed business name) _____
Location Address _____
City _____ State MO ZIP+4 _____ County _____
Mailing Address ☐ Same as location address _____
Contact Person _____ Title _____
Phone Number _____ Fax Number _____
Website _____
Primary E-mail _____
Email we can share with families needing child care _____

REGULATION STATUS (Check only one.)

- | | |
|---|---------------------------------|
| <input type="checkbox"/> Licensed | <input type="checkbox"/> Exempt |
| <input type="checkbox"/> License exempt/Inspected | DVN _____ |

OPERATING SCHEDULE

(We obtain your licensed hours from the Section for Child Care Regulation.)

If your operating hours are different from your licensed hours, (or if you are not licensed) please fill in these blanks.

Daily hours _____ to _____
Days of operation: ☐ Monday through Friday ☐ Saturday ☐ Sunday
Are you flexible on this schedule? ☐ Yes ☐ No

Schedule Options ☐ Full time (30+ hrs/wk) ☐ Part time (<30 hrs/wk) ☐ Part time for under 2 available
☐ Extended hours (before 6 AM or after 6:30 PM) ☐ Drop-in/hourly ☐ Before school care ☐ After school care
☐ Overnight/24-hour care ☐ Saturday available ☐ Sunday available ☐ Open holidays ☐ Temporary/Emergency
☐ Half day a.m. program ☐ Half day p.m. program ☐ Summer programs ☐ Parent day out programs

Year Schedule ☐ Full year ☐ School year only ☐ Summer only

Are you willing to stay open in emergencies (if able) to care for children of first responders (fire fighters, etc.) ?
☐ Yes ☐ No

CHILD CARE & EARLY LEARNING PROGRAM INFORMATION FORM

FEES & VACANCIES

Ages you will care for (not the ages you currently have in care or have vacancies for)

FROM _____ wks / mos / yrs TO _____ yrs

	Desired Enrollment	Number of Vacancies	Full Time Fee Per Week	Part Time Fee Per Day
0—12 Months			\$	\$
13—24 Months			\$	\$
25—36 Months			\$	\$
37 Mos—5 yrs			\$	\$
5—12 yrs			\$	\$
Before/After School			\$	\$

Do you have a waiting list for any group? ☐ Yes ☐ No

Average enrollment during the past year: _____

OTHER FEES

Registration: \$ _____

Transportation: \$ _____

Supplies: \$ _____

Other: \$ _____

Please explain: _____

FINANCIAL ASSISTANCE AVAILABLE TO FAMILIES

- ☐ MO subsidy accepted ☐ Multi-child discount ☐ Sliding fee scale ☐ Scholarships offered
☐ KS subsidy accepted ☐ IL subsidy accepted ☐ Willing to discuss fees/adjust fees for some families

ORGANIZATION TYPE

- ☐ National chain ☐ Public school ☐ Private school ☐ College/University
☐ Employer/Corporate sponsored ☐ Corporate on-site ☐ United Way ☐ Other Community Based Organization
☐ Religious Religious Affiliation: _____

CURRICULUM USED

- ☐ Religious ☐ Creative Curriculum ☐ Montessori ☐ Reggio ☐ HighScope ☐ Abeka ☐ Project Construct
☐ Emerging Language & Literacy Curriculum (ELLC) ☐ Other: _____

ENVIRONMENT

- ☐ Outdoor play area ☐ No pets ☐ Pets away from children ☐ Pets interact with children ☐ Air conditioned
☐ Videocam Monitoring ☐ Fenced yard ☐ Intergenerational care ☐ Smoke free

CHILD CARE & EARLY LEARNING PROGRAM INFORMATION FORM

MEALS PROVIDED

- ☐ Breakfast ☐ Lunch ☐ Dinner ☐ Snack(s) ☐ Family provides meals
☐ Special diet options available (kosher, vegetarian, etc) ☐ Accommodates nursing mothers

Participate in the Child and Adult Care Food Program (CACFP)? ☐ Yes ☐ No

For more information on CCAFP visit www.fns.usda.gov/cnd/Care

SPECIAL SERVICES & ACTIVITIES

- ☐ Computers available for children ☐ Care for mildly sick ☐ Toilet learning ☐ Security System ☐ Field trips
☐ Music instruction ☐ Gymnastics ☐ Language class
☐ Other _____

TRANSPORTATION

- ☐ Near public transportation ☐ To/from school ☐ Walking distance to school ☐ By school's bus to/from school
☐ To/from home

EXPERIENCE WITH SPECIAL NEEDS & INCLUSIVE SERVICES

Please check all that your child care and early learning program has experience with. Refer to the definitions page included in this mailing.

Behavior Related: ☐ Autism Spectrum Disorders ☐ ADD/ADHD ☐ Behavior Disorder ☐ Emotional Disorder

Developmental Delays: ☐ Speech/Language ☐ Motor Delay ☐ Social Emotional ☐ Cognitive
☐ Drug Exposure/Fetal Alcohol Syndrome

Medical/Genetic: ☐ Cerebral Palsy ☐ Down Syndrome ☐ Hearing Impaired/Deaf ☐ Vision Impaired/Blind
☐ Spina Bifida ☐ Genetic Disorder ☐ Hydrocephalus & Shunt Knowledge ☐ Food Allergies
☐ Asthma ☐ Catheter ☐ Diabetes ☐ Feeding/Gastrointestinal Tube ☐ Injections
☐ Monitors ☐ Seizures/Epilepsy ☐ Tracheostomy/Traechotomy ☐ HIV ☐ Hepatitis B
☐ Environmental Allergies ☐ Breathing Treatments/Medications

General Support: ☐ Wheelchair Accessible ☐ Medication administered ☐ On-site Nurse ☐ Therapists welcome
☐ Special Diet/Food Allergies ☐ Early Childhood Special Education ☐ Special Transportation
☐ Sign Language ☐ Adaptive Equipment ☐ Liability Insurance

Special Services/Therapy: ☐ Speech/Language ☐ Occupational ☐ Physical ☐ Psychological ☐ Cognitive
☐ Developmental ☐ First Steps

Other special needs experience: _____

I understand the Americans with Disabilities Act (ADA): ☐ Yes ☐ No ☐ Unsure

For more information on ADA, visit www.ada.gov

CHILD CARE & EARLY LEARNING PROGRAM INFORMATION FORM

STAFF &/OR FAMILY CHILD CARE INFORMATION

Number of staff members who care for children full time _____

How many were also employed at your program 1 year ago? _____

Do any staff members speak any language(s) other than English (including Sign Language)? ☐ Yes ☐ No

If so, what language(s): _____

Is CPR/First Aid Certification required of any of these staff members? ☐ Yes ☐ No

STAFF EDUCATION

Number whose highest level of education is High school diploma/GED or new to the field _____

Number whose highest level of education is Child Development Associate (CDA) or some college _____

Number whose highest level of education is Associate Degree _____

Number whose highest level of education is Bachelor Degree _____

Number whose highest level of education is Masters/PhD Degree _____

(The following information will not be shared at the individual or program level and will be used anonymously for purposes such as advocacy.)

SALARY RANGE

Directors: Salary range \$_____/yr to \$_____/yr

Lead Teachers: Salary range \$_____/yr to \$_____/yr

Asst. Teachers: Salary range \$_____/yr to \$_____/yr

Child Care Aware® of Missouri reserves the right, in its sole and absolute discretion, to make an independent decision regarding the listing, or exclusion, of any provider. Program information may be shared with funders. Complaints about a program's services will be referred to the Department of Social Services and the Department of Health and Senior Services as deemed necessary.

I have read the above statement and understand Child Care Aware® of Missouri's listing policies.

Signature _____

Date _____

Please check if you wish to opt out of any of the described services:

____ ***I do not wish to have my child care service referred to parents.***

____ ***I do not wish to have my child care service listed on the Child Care Aware® of Missouri online database. I understand I can still be referred through telephone referrals and can have my information added to the online listing at any time if I choose.***

OFFICE USE ONLY Initials _____ Date _____ WLS ID# _____ ☐ New Listing ☐ Update Check one: ☐ CCC ☐ PS ☐ GrpCC ☐ S/A ☐ FCC