MiLEAP Michigan Department of Lifelong Education, Advancement, and Potential | Child Development and Care

CDC Scholarship Enrollment Service Agreement

In addition to a Child Development and Care (CDC) Scholarship Enrollment Service Agreement, licensed providers are required to keep daily time and attendance records that document each child's *actual* daily care begin and end times that include a daily parent certification (signature or initials). See the Child Development and Care Handbook for enrollment requirements for provider records and billing at www.michigan.gov/childcare.

_____ _____

Child's Name **Effective Date of this Schedule**

_____ _____

Provider or Program Name **Provider ID**

Child's enrollment days/times must be when the parent requires care for their child. This CDC Scholarship Enrollment Service Agreement should only indicate the times that billing rules allow for CDC Scholarship payment. If the provider has a separate contract that requires a different schedule it is the parent's responsibility to pay the difference from the block payment amount that the provider receives (i.e. if child requires care part-time (8a-12p) and the provider contract requires full time (8a-4p). The provider can bill the part-time hours and 8a-12p should be recorded on this document and the parent will need to pay if the block payment doesn't cover the full amount). Any separate provider contract time may not be recorded on this agreement.

Week 1 of Pay Period

Days	Sun	Sun	Mon	Mon	Tues	Tues	Wed	Wed	Thurs	Thurs	Fri	Fri	Sat	Sat
Begin Time AM/PM														
End Time AM/PM														

Week 2 of Pay Period

Days	Sun	Sun	Mon	Mon	Tues	Tues	Wed	Wed	Thurs	Thurs	Fri	Fri	Sat	Sat
Begin Time AM/PM														
End Time AM/PM														

- Total Agreed Enrollment Hours Per Pay Period for this Provider: _____
- My child has more than one provider assigned, including cases of shared custody: ☐ **No** ☐ **Yes**
    - If the child has more than one provider, authorized hours and total absence hours billed for the child are shared by all providers.

Does your child's schedule vary during a pay period? ☐ **No** ☐ **Yes** (Explain in the Comments section)

Comments:

- My school/preschool age child attends _____ during the school day.

  School Start Time: _____ Dismissal Time Half Day:_____

  Dismissal time Full Day: _____

My child will attend this child care program when school is closed during the school year: ☐ **No** ☐ **Yes**

Parent Acknowledgments:

- The above schedule is correct and if the schedule changes for more than 2 weeks, a new CDC Scholarship Enrollment Service Agreement must be completed.
- If more than one provider is assigned to a child, and both providers bill in the same pay period, one or both providers may not receive full payment. It is also possible that one provider will receive no payment and the parent may be responsible for payment.
  - I understand that the CDC Scholarship may not cover all my child care expenses and I am responsible for any charges not paid by the Department.
- I work at the child care that my child attends? ☐ **No** ☐ **Yes**
  - If yes, I certify this is a center and that my child is not being cared for in the room where I am working. I understand that CDC Scholarship cannot be used to pay the provider when my child and I are in the same room.

I certify that the information provided on this agreement is accurate and if anything changes, I will notify the provider, and we will complete a new CDC Scholarship Enrollment Services Agreement.

_____ _____

Parent/Substitute Parent Signature **Date**

If any information changes, complete a new document and retain this document for a minimum of 4 years.

Individuals with disabilities may contact the MiLEAP ADA Coordinator to request an alternative format to these materials. Please visit www.michigan.gov/ADA for a list of state ADA Coordinators