



**Raising Riley Childcare Scholarship Application**  
 03/11/2020



**Child Care Enrollment and Fee Verification Form**

This form is to be completed by the **director of the child care center or the child care provider** and returned with the completed application.

**Provider Information**

Name of Daycare/Center/Facility:		License Number:		Do you accept DCF funds?  <input type="checkbox"/> Yes <input type="checkbox"/> No
Room Assignment:		Note: Providers must have permanent license and be in good standing with KDHE.		
Lead Teacher's Full Name:				
Name of Director/Provider/Contact:		City		Zip Code
Mailing Address		City		Zip Code
Work Phone	E-mail Address		Do you check e-mail regularly? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Enrollment Information (via Provider)**

Child's Name (Last, First, MI)		Start Date of Care	Full-Time Care? 35+ hrs. <input type="checkbox"/> Yes <input type="checkbox"/> No
Tuition Charged: <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly	Tuition (before any discounts or subsidies) \$ _____	DCF payments, sibling/employee discounts \$ _____	

**Child Care Center or Family Child Care Provider Responsibilities (please initial each):**

- This completed page **must** accompany each scholarship application
- Be a licensed child care provider or center
- RR has access to "real-time" licensing survey findings. Partners with the RR scholarship program are expected to meet high standards for the health and safety of children in care. These standards may or may not exceed licensing standards. If RR deems a facility's operations reflect non-compliance, then a suspension from this partnership could result until the issue is resolved. Should there be repeated non-compliance concerns, Raising Riley scholarship participation may be terminated.
- Located in Manhattan/Riley County
- Provider must complete and submit Child Care Scholarship Request for Payment form monthly for payment.
  - A Welcome to Raising Riley visit will be made by RR Facilitator once scholarship is awarded. The facilitator will outline how to submit for your monthly reimbursement. Reimbursement will be paid directly to provider.
- Allow a Raising Riley facilitator to visit home /center classroom for an observation twice a year.
- Notify Raising Riley of any change in family or employment status, additional tuition assistance, the number of hours a child is in care, or intent to exit this child.

I certify that the information listed above is accurate to the best of my knowledge and that this child is enrolled in care.

Signature of Parent/Guardian to Scholarship Applicant	Date
Signature of Center Director or Licensed Family Child Care Provider	Date