



**Pathway I – Early Learning Scholarships
Enrollment Form**



Please return this completed form to ACCAP by **email: aborman@accap.org**
or **fax: 763-783-4700**. A delay in receipt of this form may result in non-payment to the program.

Program Detailed Information

Program/Provider Name:		Site Name:	License # or School ID:
Location Address:		Parent Aware Rating (circle one): 1 2 3 4 Cohort	Rating Expiration Date:
Billing Contact Name:		Billing Email/Phone:	
PROVIDER SIGNATURE: Consent to pages 1 & 2			DATE:
Provider Name (Print):		Provider Title:	

Head Start Partnership: Does this program have a partnership with Head Start Yes No.

Family Detailed Information

Parent/Guardian Name:			
Home Address:			
SIGNATURE OF PARENT/GUARDIAN: CONSENT TO PAGES 1 & 2			DATE:

Child Detailed Information

	Child #1	Child #2	Child #3
Child Name:			
Date of Birth:			
Award Date:			
Date Begin Using scholarship			

Child Schedule

Unit Type (UT): D = Daily, W = Weekly, M = Monthly

Child's Name	Head Start Child	Scheduled Days – circle all that apply	Unit Type (UT)	Unit \$ Rate	Child Care Assistance	If CCAP, bi-weekly co-payment	Registration (1 time fee)	*Other (see below)
	<input type="radio"/> Yes <input type="radio"/> No	M Tu W Th F Sat Sun			<input type="radio"/> Yes <input type="radio"/> No			
	<input type="radio"/> Yes <input type="radio"/> No				<input type="radio"/> Yes <input type="radio"/> No			
	<input type="radio"/> Yes <input type="radio"/> No				<input type="radio"/> Yes <input type="radio"/> No			

Provider Comments: *If 'other' is indicated above, please explain in the provider comments box.

Agreement/Certification Pathway I Early Learning Scholarship (PWI-ELS)

Provider Certification:

I certify that the child care early learning program to be billed is correct and acknowledge the following:

- Understand that if false information is provided on this enrollment form, I could be disqualified from receiving PWI-ELS payment and could face civil penalties and/or criminal charges.
- Will complete this form with the parent(s) or legal guardian(s) so they fully understand how their scholarship will be used.
- Will immediately submit completed form with parent/program signatures to ACCAP. A delay can result in denial of payment.
- Will communicate any future changes of tuition or program fees to both the parent/legal guardian and ACCAP in a timely and efficient manner.
- Understand that scholarships may not be used to reimburse for any payments already made.
- Will contact ACCAP immediately to correct any over-charges claimed or paid.
- Will provide the scholarship payment history for inquiring parents.
- Will comply with any payment policies.
- Understand that I am responsible for collecting any amount not covered by the PWI-ELS.
- Understand that families may choose to remove their child from this program along with the remaining balance of their scholarship. **I will inform ACCAP if the child leaves the program.**
- Understand that no more than 10 consecutive or 25 absent days will be covered by the scholarship.
- Will track absent days and balances of ELS-PWI funds.
- Understand that a change in the program's Parent Aware Status could impact the program's participation with the PWI-ELS.
- The ELS Policy Manual can be found at: <http://education.state.mn.us/MDE/dse/early/sch/>

Parent Certification:

I certify that the information provided on page 1 of this document is correct and acknowledge the following:

- Understand that PWI-ELS will not cover the following:
 - Charges incurred after the scholarship is out of funds
 - Charges after the PW1-ELS reaches its expiration date
 - Excessive absent days
 - Fees such as late pay, late pick up, optional services, etc.Please contact ACCAP if you have questions on what is covered.
- Understand that if I give false information on the enrollment form or agree to falsify information, my family could be barred from the PWI-ELS program and I could face civil penalties and/or criminal charges.
- Understand that the scholarship can only be paid to one program at a time. If my child attends two programs, the scholarship can only be used at one program.
- **I will contact ACCAP and the program if I leave or change my program.**
 - Be aware of your program's policy to provide notice of leaving the program. Failure to provide notice could result in charges that you, as the parent, are responsible for.
 - If changing programs, I will inform the new program that the scholarship funds have been utilized elsewhere.
- Understand that no more than 10 consecutive or 25 absent days will be covered by the scholarship.
 - For information on the Medical Exemption Policy, email Annette at aborman@accap.org
- Understand that a change in the program's Parent Aware Status could impact the program's participation with the PWI-ELS.
- **Understand that an Early Childhood Screening is required for children ages 3 or older who are receiving PWI-ELS.** Contact your school district; they provide this service at no cost to you and **notify ACCAP once the screening is complete.**
- If you are currently receiving Child Care Assistance through your county (CCAP), it is strongly advised that you keep it. PW1-ELS does not impact your eligibility to receive CCAP.