

Infant Toddler Contracted Slots

Sample Family Agreement Form

Policies related to Infant Toddler Contracted Slots must be shared, in writing, to families at the time of enrollment, annually thereafter, and six months prior to the child turning three years of age. I acknowledge that I have received, read, and understood the following policies.

_____(initials)

I understand that a family receiving Infant Toddler Contracted Slots funding shall not be charged a co-payment related to the child's enrollment in the Infant Toddler Contracted Slots program. I understand that if other eligible children in my family are enrolled in Child Care Works (CCW), a co-payment for those children can be charged.

_____(initials)

I understand that I will not be charged the difference between the provider's published rate and the amount of the contracted slot. If I have other eligible children enrolled in CCW, the difference between the provider's published rate and co-payment can be charged.

_____(initials)

I understand that I will not be charged, during the length of enrollment in ITCS, any fees related to program services that include, but are not limited to, registration fees, trips, and fundraising. I may be asked to supply meals and snacks when meals and snacks are not already provided by the program. I may not be charged for meals and snacks for my child.

_____(initials)

I understand that I may be charged late pick-up fees in cases when my child is not picked up by the closing time of the program per program policy.

_____(initials)

I acknowledge that my child meets the following eligibility criteria:

- My child is between the ages of six weeks and 36 months of age at the time of enrollment.
- My family must be eligible for CCW.
- My child needs full day, full week care. My child will attend 5 days a week regardless of my family's work schedule.

_____(initials)

I understand that the Early Learning Resource Center (ELRC) will determine my family's eligibility for CCW subsidy and ITCS. Enrollment of my child in ITCS must be confirmed by my child's child care program and the ELRC.

_____(initials)

I understand that six months prior to my child's third birthday, I am required to complete a Pre-K Intent Form and meet with the program to discuss my child's transition to pre-kindergarten placement. The

Pre-K Intent Form will indicate my interest in CCW funding and/or PA Pre-K Counts and be reviewed by my child's program and the ELRC. My child's eligibility be reviewed or re-determined by the ELRC when my child turns 3-years of age.

_____(initials)

I understand that the following options for pre-kindergarten transition may be available:

If I am interested in re-enrolling my child in CCW funding (for full enrollment or PA Pre-K Counts wrap-around child care), the ELRC will mail a redetermination packet 6 weeks prior to my child's third birthday if my child has been enrolled in ITCS for more than 12 months. If my child has been enrolled in ITCS for less than 12 months, the ELRC will use the original application to determine eligibility. If my family is eligible for CCW funding (at 235% FPL), my child will be enrolled or placed on a prioritized wait list. If placed on the CCW prioritized waiting list, my child may continue to be funded through ITCS funding until my child is taken off the waiting list and enrolled in CCW.

If I am interested in enrolling my child in PA Pre-K Counts, the program will conduct income verification and enrollment procedures following the typical program recruitment and enrollment timelines. If my child is eligible for PA Pre-K Counts funding (at 300 FPL%), my child will be enrolled or placed on a waiting list. Enrollment in PA Pre-K Counts may depend on the timing of my child's third birthday and the school district's kindergarten cutoff date.

I understand that if my child, eligible for both PKC and CCW, when they turn three, may remain on ITCS funding while awaiting enrollment in PKC. When my child is eligible for either CCW or PKC and is placed on a waiting list, my child may continue to be funded using ITCS funding until my child is taken off of the waiting list and enrolled in either CCW or PA Pre-K Counts.

_____(initials)

I understand that, if during the length of enrollment of my child in ITCS, my family's income exceeds 85% of the state median income, my child is no longer eligible for ITCS.

_____(initials)

If the child who has turned three years old is not eligible for CCW funding or PKC funding, the child will no longer be funded by Infant-Toddler Contracted Slots funding.

_____(initials)

I have been informed of eligibility criteria for Early Head Start and Head Start and have received referral information for Early Head Start and Head Start programs (if applicable).

_____(initials)

I understand that transition plans for children with an Individualized Family Service Plan (IFSP) or Individualized Education Plan (IEP) shall follow the timelines established by Individuals with Disabilities Education Act (IDEA).

_____(initials)

I understand that the maximum number of allowable annual absences for a child funded with ITCS funding will be 40 days. Consecutive absences that exceed 5 days must be approved by my child's program.

_____(initials)

I understand that annual absences will be tracked by fiscal year and my child's enrollment schedule. I must report all absences to the program. I understand that I will be contacted when my child has been absent for 3 consecutive days to learn the nature of the absence. When my child has more than 5 consecutive unexcused absences, I will meet with the program and discuss the reasons for the absences. If my child's absences exceed 20 in the fiscal year, I will develop an attendance action plan in collaboration with the program. I understand that excessive absences may jeopardize my child's enrollment in ITCS.

_____(initials)

I understand that information about my child's eligibility, absences and program enrollment may be shared with the assigned program Infant Toddler Specialist for the purpose of program monitoring. This information will be kept confidential.

_____(initials)

I have read this agreement in its entirety and agree to abide by the policies.

Name of Parent/Guardian (print) : _____

Signature of Parent/Guardian: _____ Date: _____

Signature of Program Representative: _____ Date: _____