

### Contracted Slots Verification of Enrollment

A parent or guardian has requested to enroll in Contracted Slots at {provider}. The child's eligibility for Contracted Slots has been verified by the Early Learning Resource Center.

Enter the information in PELICAN ELN **exactly as shown** to avoid duplication of child information in the system and ensure consistency of data points. Please note that the "Create New Child" button **should never** be selected in entering a Contracted Slots enrollment in PELICAN ELN. If the child's information does not populate during the child search, contact both the Contracted Slots Specialist and the ELRC Point of Contact for additional guidance.

Direct any questions to ELRC Region \_\_\_\_ about Child Care Works eligibility or this child's information as provided.

**The required information below must be completed by an authorized Contracted Slots representative only.**

<b>Contracted Slots Provider Information</b>	
Provider Name: _____	
Contact Person: _____	
Provider Address: _____	
Provider County: _____	
Provider Telephone Number: _____ Provider Email: _____	
<b>Child Demographic Information</b>	
First Name _____	Middle Initial _____
Last Name _____	Suffix _____
Date of Birth: _____	Gender: _____
Race:	
<input type="checkbox"/> Black or African American	
<input type="checkbox"/> American Indian/Alaskan Native	
<input type="checkbox"/> Asian	
<input type="checkbox"/> Native Hawaiian/Pacific Islander	
<input type="checkbox"/> White	
<input type="checkbox"/> Unknown	
<input type="checkbox"/> Other _____	
Ethnicity:	
<input type="checkbox"/> Hispanic	
<input type="checkbox"/> Non-Hispanic	
Date of CCW Eligibility Determination: _____	

Date of Enrollment in Contracted Slots: _____	
<b>Parent/Guardian Information</b>	
First Name _____	Middle Initial _____
Last Name _____	Suffix _____
Parent	
Address: _____	
Parent/Guardian Telephone Number: _____	
Parent/Guardian	
Email: _____	
County of Residence: _____	
ELRC Region: _____	

### Contracted Slots and Child Care Works Information Release

This form provides verification of the child's eligibility for Child Care Works and Contracted Slots funding. I affirm that all information I have provided on this form is true, correct, and complete to the best of my ability and knowledge. I authorize that the information may be disclosed to confirm enrollment in Contracted Slots. If the child is withdrawn from Contracted Slots, all representatives will be notified in writing immediately.

#### ELRC Representative

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

#### Provider Representative

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

#### Parent/Guardian Representative

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_