Contracted Slots Verification of Enrollment

Instructions to providers:

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 when 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.

Contracted Slots Provider Information

Provider Name: _____

Contact Person: _____

Provider Address: _____

Provider County: _____

Provider Telephone Number: _____ Provider Email: _____

Child Demographic Information

First Name: _____ Middle Initial: _____

Last Name: _____ Suffix: _____

Date of Birth: _____ Gender: _____

Race:

- ☐ Black or African American
- ☐ American Indian/Alaskan Native
- ☐ Asian
- ☐ Native Hawaiian/Pacific Islander
- ☐ White
- ☐ Unknown
- ☐ Other_____

Ethnicity:

- ☐ Hispanic
- ☐ Non-Hispanic

Date of CCW Eligibility Determination: _____

Date of Enrollment in Contracted Slots: _____

Parent/Guardian Information

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 verifies 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 If the child is withdrawn from Contracted Slots, all representatives will be notified in writing immediately.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: _____