



## Care to Grow: Childcare Support for Workforce Strength Business Enrollment Application

Thank you for your interest in participating in the **Care to Grow: Childcare Support for Workforce Strength** program. This initiative is designed to help businesses support their employees' childcare needs, improving workforce retention, productivity, and overall economic stability. Please complete the application below to enroll your business in the program.

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### Business Information

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_

Business Website (if applicable): \_\_\_\_\_

### Primary Contact Person

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

Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Program Participation/Investment

#### 1. Investment Commitment:

- Our business is committing to contribute the following amount toward the Care to Grow program:
  - \$1,000 (Support for 1 employee)
  - \$2,000 (Support for 2 employees)
  - \$3,000 (Support for 3 employees)
  - Other: \$\_\_\_\_\_ (Specify amount)

#### 2. Number of Employees to be Supported: \_\_\_\_\_

#### 3. How do you anticipate this program benefiting your business? (Check all that apply)

- Improve employee retention
- Reduce absenteeism
- Attract top talent

- Increase employee productivity and engagement
- Strengthen company culture
- Other: \_\_\_\_\_

4. Please describe any existing childcare benefits or support your business currently offers, if applicable:

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### **Agreement to Provide Retention Data**

As a condition of participation, our business agrees to provide employee retention data at the beginning of enrollment and at the end of each year of participation in the program. This data will be used to measure the effectiveness of the program in improving workforce stability and reducing turnover.

- I agree to submit initial retention data upon enrollment.
- I agree to provide annual retention data for each year of participation.

### **Agreement & Signature**

By signing below, I confirm that the above information is accurate and that our business is committed to participating in the Shawnee Forward Care to Grow: Childcare Support for Workforce Strength program. We understand that our contribution will be matched with additional funding to support our employees' childcare needs.

Authorized Representative Name: \_\_\_\_\_

Title: \_\_\_\_\_

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

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

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### **Submission Instructions**

Please submit the completed application to Shawnee Forward via email at [ceo@shawneeforward.com](mailto:ceo@shawneeforward.com) or mail/drop off at:

Shawnee Forward  
130 N Louisa  
Shawnee, OK 74801

For any questions, please contact Crystal Romanyszyn at 405-273-6092 or [ceo@shawneeforward.com](mailto:ceo@shawneeforward.com).  
We appreciate your commitment to strengthening the workforce and supporting families in Shawnee!