Child Care Resource Center 510 S. 7th Street Opelika, Alabama 36801 Phone: (334) 749-8400 FAX: (334) 749-9398

I. AUTHORIZATION OF ALTERNATE CARDHOLDER New Change Complete the information below to authorize issuance of a second card for an alternate person (cardholder) to assist in recordin	ALTERNATE CAR	RDHOLDER AUTE	IORIZATION	
GENERAL INFORMATION The Alabama Electronic Payment System (EPS) is used to track attendance for a child participating in Alabama's Child Car Subsidy Program (Subsidy Program) for child care providers registered with the Subsidy Program. The system involves the use of a swipe card, by the parent. The parent or their designated alternate cardholder-document attendance by swiping their car through a point-of-service (POS) device at the child care facility. Parents actively participating in the Subsidy Program can be issued two (2) swipe cards; one card for the parent and one for a alternate person. The alternate person (cardholder) can be a spouse or someone else who assists the parent in taking the child and from the child care facility. The alternate cardholder cannot be the child care provider or anyone who is employed by or acts on behalf of the child care provider. I. AUTHORIZATION OF ALTERNATE CARDHOLDER New Change Complete the information below to authorize issuance of a second card for an alternate person (cardholder) to assist in recordin attendance for your child. I wish to authorize the following person as an alternate cardholder. First Name: Last Name: Last Name: Residential Address: City: State: Zip: Zip: Date of Birth: // Relationship to Parent: I understand that the alternate cardholder is responsible for assisting in recording attendance for my child. I understant that I am responsible for all actions/swipes made by the alternate cardholder on my behalf. I certify that the alternate cardholder is not the child care provider, or anyone employed by, or acting on behalf, of the child care provider. Signature of Parent Date II. NO ALTERNATE CARDHOLDER I choose not to have an alternate card issued for my Subsidy Program case. I understand my alternate swipe card will be insuctivated. Furthermore, I understand that I am solely responsible for tracking my child's attendance at the child care facility. Date Signature of Parent Date Signature of Parent Date Date			Parent Name	
The Alabama Electronic Payment System (EPS) is used to track attendance for a child participating in Alabama's Child Care providers registered with the Subsidy Program. For hild care providers registered with the Subsidy Program. The system involves the use of a swipe card, by the parent. The parent or their designated alternate cardholder-document attendance by swiping their car through a point-of-service (POS) device at the child care facility. Parents actively participating in the Subsidy Program can be issued two (2) swipe cards; one card for the parent and one for a alternate person. The alternate person (cardholder) can be a spouse or someone else who assists the parent in taking the child and from the child care facility. The alternate cardholder cannot be the child care provider or anyone who is employed by or acts on behalf of the child care provider. I. AUTHORIZATION OF ALTERNATE CARDHOLDER New Change Complete the information below to authorize issuance of a second card for an alternate person (cardholder) to assist in recording attendance for your child. I wish to authorize the following person as an alternate cardholder. First Name: Residential Address: City: Date of Birth: I understand that the alternate cardholder is responsible for assisting in recording attendance for my child. I understant that I am responsible for all actions/swipes made by the alternate cardholder on my behalf. I certify that the alternate cardholder is not the child care provider, or anyone employed by, or acting on behalf, of the child care provider. Signature of Parent Date II. NO ALTERNATE CARDHOLDER I choose not to have an alternate card issued for my case. Signature of Parent Date III. WITHDRAWAL OF ALTERNATE CARDHOLDER I wish to remove all prior designated alternate cardholder information from my case. I understand that by signing this form the alternate cardholder's swipe card will be inactivated. Furthermore, I understand that I am solely responsible for tracking my child's attendance at the child care	4	Parent ID		
alternate person. The alternate person (cardholder) can be a spouse or someone else who assists the parent in taxing the child or acts on behalf of the child care provider. I. AUTHORIZATION OF ALTERNATE CARDHOLDER [I. AUTHORIZATION OF ALTERNATE CARDHOLDER] [I. AUTHORIZATION OF ALTERNATE CARDHOLDER.] [I. I wish to authorize the following person as an alternate cardholder. [I. First Name:	The Alabama Electronic Payment System (EPS) is use Subsidy Program (Subsidy Program) for child care prov of a swipe card, by the parent. The parent or their desi through a point-of-service (POS) device at the child care	viders registered with t ignated alternate cardle e facility.	he Subsidy Program. The systemolder-document attendance by	swiping their card
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Residential Address: State: Zip: Date of Birth: / Relationship to Parent: I understand that the alternate cardholder is responsible for assisting in recording attendance for my child. I understant that I am responsible for all actions/swipes made by the alternate cardholder on my behalf. I certify that the alternate cardholder is not the child care provider, or anyone employed by, or acting on behalf, of the child care provider. Signature of Parent Date	Complete the information below to authorize issuance of attendance for your child.	of a second card for an	New alternate person (cardholder) to	
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I understand that the alternate cardholder is responsible for assisting in recording attendance for my child. I understant that I am responsible for all actions/swipes made by the alternate cardholder on my behalf. I certify that the alternate cardholder is not the child care provider, or anyone employed by, or acting on behalf, of the child care provider. Signature of Parent Date	City:	State:	Zip	
I choose not to have an alternate card issued for my Subsidy Program case. I understand no alternate swipe card will be issued and no alternate cardholder will be designated for my case. Signature of Parent Date MITHDRAWAL OF ALTERNATE CARDHOLDER I wish to remove all prior designated alternate cardholder information from my case. I understand that by signing this form the alternate cardholder's swipe card will be inactivated. Furthermore, I understand that I am solely responsible for tracking my child's attendance at the child care facility. Signature of Parent Date	that I am responsible for all actions/swipes made by cardholder is not the child care provider, or anyone	v the alternate cardh	older on my benail. I certily	mat the alternate
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