

Center Participation Agreement (CPA)

Must be filled out by owner or financially responsible party

**** This document is required to be completed in full for application to be considered**

Applicant Name:			
Center/Program Name:			
DBA (if different from above):			
Address of Center: Street Address City, State, Zip			
Mailing Address (if different): Street Address City, State, Zip			
Center Owner Name:			
Center Owner Phone #:			
Type of Facility (select all that apply):	<input type="checkbox"/> Independent non-profit <input type="checkbox"/> Profit <input type="checkbox"/> Public <input type="checkbox"/> Religious <input type="checkbox"/> Early/Head Start <input type="checkbox"/> Unlicensed <input type="checkbox"/> Other: _____		
License number or Exempt		EIN:	
Number of Children Licensed Capacity		Number currently enrolled:	
State Subsidy Accepted?		If yes, what % of total enrollment?	
Center Website			
Accredited? (Select all that apply)	<input type="checkbox"/> No <input type="checkbox"/> Yes-NAEYC <input type="checkbox"/> Yes-NECPA <input type="checkbox"/> Yes-Council on Accreditation <input type="checkbox"/> Yes-NAC <input type="checkbox"/> Other: _____		
Child Care Quality System Rating (CCQS):	<input type="checkbox"/> N/A <input type="checkbox"/> Foundation of Quality <input type="checkbox"/> Building Quality <input type="checkbox"/> High Quality <input type="checkbox"/> High Quality Plus		
Is the applicant also the owner?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Please select any funding your center receives: (select all that apply)	<input type="checkbox"/> Head Start <input type="checkbox"/> Early Head Start <input type="checkbox"/> State Pre-K <input type="checkbox"/> Title I <input type="checkbox"/> IDEA <input type="checkbox"/> State Subsidies <input type="checkbox"/> None <input type="checkbox"/> Other: _____		
<p>In the event that _____ (applicant name) is awarded a scholarship, I _____ (center owner name), the Owner/Financially Responsible Party of _____ (name of center or program), understand and agree to the following conditions/ my child care center/program agrees to:</p> <ul style="list-style-type: none"> Pay 5% of the cost of tuition of up to 9-12 credits during the contract year period. Provide a compensation benefit following the successful completion of 9-12 credit hours or when notified by TEACH (see below). Inform TEACH within 30 days of any changes in employee's status or income. <p>Please initial the compensation benefit you will provide the scholarship recipient upon the successful completion of the educational contract.</p> <p>_____ Award a 2-4% wage increase. (This should be above and beyond any other annual raise)</p> <p>OR</p> <p>_____ Award a \$300 bonus.</p>			
	Signature of Center Owner or Financially Responsible Individual		Date