

# Instructions on How to Sign.

Scroll all the way to the bottom until you get to a box like this;

School Readiness Funding					
The following table shows the School Readiness funding status for all of the children in your household.					
Child Name	EV Number	Status	Enrollment Status	Provider Name	Payment Certificate
Not Test Tester JR	EV_000001292	Eligible	Pending Family Acceptance	Jin's House of Smashes	<a href="#">Sign</a>

Press the SIGN button. It will take you to your Terms & Conditions that will look like the image below. You will have to check the Boxes after reading them.

**Parental Rights and Responsibilities/Terms and Conditions**

Enrolled Child: Not Test Tester      Child Date of Birth: 5/10/2017      Parent Name: Not Test Tester

I understand I have the right to be notified of decisions made regarding my services and the right to appeal any decision, including reductions in or termination of services.	<input type="checkbox"/>
Services will be provided based on placement priorities (1002.87), and availability of funding. You must reconfirm on or before your last day authorized or your services will be terminated. If this occurs, you will be solely responsible for your child care costs until which time as you are able to be reinstated (if eligible) or you must call to be placed on the waiting list (if eligible).	<input type="checkbox"/>
I authorize any release of information to OEL, its local school readiness agent (e.g., coalition or contractor), the Department of Financial Services (DCF) if (0) information is provided or if there is any other reason to suspect fraud.	<input type="checkbox"/>
I understand that for my first eligibility determination on or after July 1, 2016, it is my responsibility to report within 10 calendar days of any change of circumstances related to: <ul style="list-style-type: none"><li>• Address</li><li>• Temporary/Non-temporary work or education</li><li>• Family size</li><li>• Failure to maintain attendance at a job training or education program</li><li>• Income exceeds 85% of the state median income (SMI)</li></ul>	<input type="checkbox"/>
I understand that for my first eligibility determination on or after July 1, 2016, and for subsequent 12 month eligibility periods, it is my responsibility to report within 10 calendar days of any change of circumstances related to: <ul style="list-style-type: none"><li>• Address</li><li>• Temporary/Non-temporary work or education</li><li>• Family size</li><li>• Failure to maintain attendance at a job training or education program</li><li>• Income exceeds 85% of the state median income (SMI)</li><li>• Any changes in income</li></ul>	<input type="checkbox"/>
I understand that the coalition or contractor will not discriminate against my family on the basis of race, national origin, ethnic, background, sex, religious affiliation or disability.	<input type="checkbox"/>
I understand that if I am assessed a parent copay by the coalition or contractor for participation in the SR Program, I must satisfactorily fulfill my copayment obligation before I will be allowed to transfer to another SR Program provider. Satisfactory fulfillment of the copayment obligation is defined as immediate payment of the outstanding copayment obligation or establishment of a repayment plan for the outstanding copayment obligation.	<input type="checkbox"/>
I understand that I have the right to unlimited access to my child or children during normal hours of child care provider operation and whenever the child is in the provider's care.	<input type="checkbox"/>
I understand that I have the right to confidentiality of my child's or children's information and the right to inspect, review and request a copy of my child's or children's SR records.	<input type="checkbox"/>
I understand that as a parent, I have the right to choose from a variety of child care categories, including center-based care, family child care and informal child care to the extent authorized in the state's CCDF Plan that the United States Department of Health and Human Services approved pursuant to 45 CFR s. 98.26. A coalition may not limit or exclude a faith-based provider's care and curriculum in any of these categories.	<input type="checkbox"/>

I authorize ELC of the Big Bend Region to review and duplicate my child's health records, which may include but not be limited to immunization records, physical exam and results of any screening.

When necessary, I authorize ELC of the Big Bend Region staff and/or my child care provider to complete a child development screening and assessment for my child. I also give consent for a Level-I Development Screening to be completed by ELC of the Big Bend Region Staff or ELC of the Big Bend Region trained providers and a Level-II screening as needed to verify results.

I do not wish for my child(ren) to be screened by a ELC of the Big Bend Region staff.

[Done](#)

Once you are done with Terms and Conditions it will hide just like the image below.

Enrolled Child: Not Test Tender      Child Date of Birth: 5/10/2017      Parent Name: Not Test Tender

<input checked="" type="checkbox"/>		+
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<input checked="" type="checkbox"/>		+

[Accept](#)

Hit the accept button and it will now take you to your certificate.

\* This certificate is not valid for care arranged after: 6/30/2019

PARENT INFORMATION							
Name: Not Test Tester	Date of Birth: 5/10/2000	Social Security Number:					
Home Address: 250 Marriott Drive	City: Tallahassee	State: Uk	Zip: 32300				
Home Phone: (777) 777-7777	Work Phone: (888) 888-8888	Employer: Oel					
ENROLLED CHILD INFORMATION							
Name: Not Test Tester, Jr	Date of Birth: 5/10/2017	Social Security Number:					
PROVIDER INFORMATION							
Provider: Jim's House of Smarties	Phone: (555) 555-5555	Address: 250 MARRIOTT DR TALLAHASSEE, FL 32301					
ENROLLMENT INFORMATION							
Eligibility Start: 6/30/2018	Eligibility End: 6/30/2019						
Counselor: N/A	Case Worker: N/A						
<small>* No reimbursements made after this date</small>							
Gold Seal Rate: \$0.00	Parent Full-time Co-Pay**: \$0.24	Parent Part time Co-Pay**: \$0.00					
Enrolled On: 6/30/2018	Enrollment Start: 7/1/2018	Enrollment End: 6/30/2019					
Unit of Care: FT	Billing Group: BG1	Eligibility: 11					
<small>** Parent co-payment is what the parent is responsible for paying (copy)</small>							
Unit of Care / Day of Care:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	FT	FT	FT	FT	FT		

**Privacy Act Statement:** Social security numbers are requested on this form under s. 119.071(5)(a)2, F.S., for use in the records and data systems of the Office of Early Learning (OEL) and Early Learning Coalitions. Social security numbers will be used for routine data requests, state and federal reporting requirements, identification, and to verify eligibility for the School Readiness Program including, but not limited to, family income. Submission of social security numbers on this form is voluntary and not a condition of enrollment in the School Readiness Program.

I certify that by use of this certificate that I am exercising my choice of caregiver for my child. Other placement options in licensed and subcontract facilities and homes have been explained to me. OEL, the early learning coalition, and its contracted provider, if applicable, are indemnified from and its contract provider are indemnified from all possible liability for payments to the caregiver that I select and from liability for the quality of care my child receives. I understand that I have access to my children at any time and that I may visit the provider's setting at any time during care hours.

Signature of Parent:	_____	Date:	_____
	<input type="checkbox"/> By Electronic Signature		
Signature of Provider:	<u>Jim Ledbetter (E-Signed)</u>	Date:	<u>6/30/2018</u>
	<input checked="" type="checkbox"/> By Electronic Signature		
Signature of Early Learning Coalition Counselor:	<u>James Forrest Ledbetter (E-Signed)</u>	Date:	<u>6/30/2018</u>
	<input checked="" type="checkbox"/> By Electronic Signature		

[Submit](#)

Click the “By Electronic Signature” and this will bring the box below. Once you sign you will be able to hit the Submit button.

\*Please make sure when typing your name, it **matches exactly** as your name is on the application, this function is very sensitive, you will be able to tell if the signature is wrong as it will indicate this right below the signature box in **Red**

**Letters.** Your name will be labeled at the top of your certificate, this will have to match exactly how it is spelled there.

PARENT INFORMATION			
Name: Not Test Tester	Date of Birth: 5/10/2000	Social Security Number:	
Home Address: 250 Marriott Drive	City: Tallahassee	State: Uk	Zip: 32399
Home Phone: (777) 777-7777	Work Phone: (888) 888-8888	Employer: Cel	

**Payment Certificate Electronic Signature** ✕

You are about to electronically sign the SR Enrollment Payment Certificate.

Enter full name for Payment Certificate signature

Full Name:  ✕

Click "Yes" to confirm your electronic signature.

After clicking the **Submit** button, the following confirmation message will display. You will click **Accept** or **Decline**.

**Accept Enrollment/Payment Certificate** ✕

You are about to accept the conditions of enrollment and payment responsibility. Once signed and submitted, you will be able to print your SR Enrollment Payment Certificate.

Would you like to accept the current enrollment for Not Test Tester, Jr?

Once the **Accept** button is clicked, you may print the certificate by clicking the **Print** button.

ELC of the Big Bend Region  
Non-transferable Child Care Certification  
School Readiness Program

Certificate Number: 434

\* This certificate is not valid for care arranged after: 6/30/2019

PARENT INFORMATION			
Name: Not Test Tester	Date of Birth: 5/10/2000	Social Security Number:	
Home Address: 250 Marriott Drive	City: Tallahassee	State: Uk	Zip: 32399
Home Phone: (777) 777-7777	Work Phone: (888) 888-8888	Employer: Cel	

The Enrollment Status on your profile page should be now **Enrolled**.

#### School Readiness Funding

The following table shows the School Readiness funding status for all of the children in your household.

Child Name	EV Number	Status	Enrollment Status	Provider Name
Not Test Tester JR	EV_0000001392	Eligible	Enrolled	Jim's House of Smarties