

Child Care Provider Enrollment Supplement*

To be used with LDSS-4699/LDSS-4700 for all unregulated providers

PARENT/CARETAKER'S NAME: X		CASE NUMBER: X
ADDRESS: X		
TELEPHONE: X	SOCIAL SECURITY NUMBER (OPTIONAL, SEE BELOW): ¹	ACCIS CASE NUMBER: X
PROVIDER'S NAME: <u>maricla Edwards</u>		DATE OF BIRTH: ²
ADDRESS WHERE CARE IS GIVEN: <u>975 East 181st #1A Bronx NY 10460</u>		
PROVIDER'S ADDRESS (IF DIFFERENT): <u>Same as above</u>		
TELEPHONE: <u>347 553 1901</u>	PROVIDER'S SOCIAL SECURITY/LICENSE NUMBER/EIN <u>489365</u>	
<p>¹ The parent/caretaker may, but does not have to, list his/her Social Security number. You cannot be required to disclose your Social Security number as a condition of eligibility for child care services. If provided, your Social Security number will be used to assist in identifying your child care file. It may also be used by Federal, State and local agencies to prevent duplication of services and fraud, and for Federal reporting.</p> <p>² Legally-responsible relatives (parents, stepparents, and legal guardians) cannot be paid as child care providers for their own child(ren).</p> <p>³ If the provider is less than 18 years old, the Employment of Minors Form must be completed.</p>		

Provider/Agency Name: maricla Edwards

ACCIS Provider Number (if available): 6661510

Provider's License Type: GFC License Number: 489365

Expiration Date: 03 / 28 / 2025
MM DD YYYY

Provider Rate (All providers, except ACS-contracted programs, must complete this section.)

My weekly child care rates are as follows:

Indicate the rate charged for each age level	INFANT Under 18 months	TODDLER 18 months – under 3 years	PRESCHOOL 3 years – under 6 years	SCHOOL-AGE 6 – 12 years
Full time (30 hours or more per week)	<u>373</u>	<u>250</u>	<u>245</u>	<u>230</u>
Part time (15 – 29 hours per week)	<u>185</u>	<u>145</u>	<u>135</u>	<u>120</u>
Hourly (1 – 14 hours per week but less than 3 hours per day)	<u>30</u>	<u>25</u>	<u>20</u>	<u>15</u>

- *ATTENTION:**
1. Regulated/licensed providers are not required to complete the **LDSS-4699** or the **LDSS-4700**. They should complete only pages 1 and 2 of this form and return to the parent/legal guardian. Regulated providers without an ACCIS number must also submit a copy of their license along with the completed **CS-274W**.
 2. Informal providers must provide documentation of BOTH their identification and their address in order to be paid by ACS. Please ask your JOS/ACS Worker for the Proof of ID and Residency for Your Child Care Provider or "Babysitter" (**CS-574FF**), which is the list of approved types of ID.

Indicate the weekly schedule(s) of child care services for the child(ren) listed below:

Child's Name	CHILD'S NAME		CHILD'S NAME		CHILD'S NAME	
Date of Birth	MONTH	DAY	YEAR	MONTH	DAY	YEAR
Date Care Began	MONTH	DAY	YEAR	MONTH	DAY	YEAR
Weekly Schedule	From	To	From	To	From	To
Monday	8am	6pm				
Tuesday	8am	6pm				
Wednesday	8am	6pm				
Thursday	8am	6pm				
Friday	8am	6pm				
Saturday						
Sunday						
OFFICE USE ONLY	Total Hours per Week	50	Total Hours per Week		Total Hours per Week	
	ACS Child Care Rate		ACS Child Care Rate		ACS Child Care Rate	

I acknowledge that receiving payment from the City of New York for child care services provided does not make me an employee of the City of New York. I am an employee of the parent/legal guardian of the child for whom I provide care.

Provider Certification

I am enrolling this child in a child care program. I understand that I will be paid only after the child's attendance data is received by ACS and for so long as the above parent/guardian is engaged in an FIA-approved activity or employed. If the parent/guardian fails to meet these criteria, I will be sent a letter from ACS informing me that ACS will no longer pay for child care. I agree that the amount I am charging this parent is not more than the amount I charge for other children of the same age. **I understand that I cannot be paid if I do not list all my rates.**

I will allow the parent/guardian of the children named on this form unlimited access to his/her children and the premises and will make myself available whenever the children are in my care.

I certify that the statements above are accurate and true to the best of my knowledge. I understand that providing false information may lead to the suspension or termination of payments and the recovery of any payments to which I was not entitled.

Provider's Name (print clearly): maricela eduardo Official Title (if applicable): Provider
Signature: Maricela E. Date: X

Parent/Guardian Certification

I certify that I have reviewed the above information and that it is correct. I understand I must report any changes to ACS.

Parent/Guardian's Name: X
Parent/Guardian's Signature: X Date: X

For Agency Use Only:

Is child care authorized for this applicant/participant? Yes No

Agency-approved start date for child care: / /
MM DD YYYY