



Dear Current or Potential CCEP Participant:

In order to secure State funding for next year's Child Care Executive Partnership (CCEP) program, we request that you please complete the following form and return it to our office at your earliest convenience.

The information you provide below is for the purpose of securing State funds for Miami Dade and Monroe Counties. No further obligation is required from you at this time. Participation is subject to funding availability, match level, employee eligibility, ages of participating children, and the number of days each child attends an approved child care facility.

If we do not receive your response, we will assume you are not going to participate in the 2009-2010 CCEP program. Furthermore, if we fail to receive your notice, child care slots cannot be reserved for your employees, and any current enrollments may be scheduled for termination as of July 1, 2009.

If you have any questions or concerns, please do not hesitate to call me at (305) 646-7249.

This is not a contract; however, it must be completed by an authorized company representative.

Sincerely,

Tabatha Cullen,
Senior Director of Communications

Fax the CCEP Provider Participation Agreement to (305) 447-1608



CCEP Provider Participation Agreement

Name of Child Care Center _____

Address: _____

City: _____ Zip Code: _____

Phone: _____ Fax: _____

Email _____

Name of Authorized Representative: _____
(Print Please)

Title of Authorized Representative: _____

Signature of Authorized Representative: _____

Date: _____

_____ plans to participate in the Child Care Executive
Business Name

Partnership (CCEP) program during the 2009-2010 year. We would like to hold
_____ child care slots for our employees' children to access CCEP services.
Number

Participation Period

Planned participation is anticipated to begin on 7/1/2009 and end on
Date
6/30/2010 pending approval and availability of funds through the
Date
Florida Partnership for School Readiness as authorized by the CCEP Board.

Complete this form and fax it to CCEP:
(305) 447-1608
