

CPR & First Aid Funds for Individual CCAP Providers

July 1, 2018 – June 30, 2019



APPLICATION

➔ Please type or print using black or blue ink

1. Contact Information

Provider Name: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Phone: _____ Email: _____

2. Employer Information

Same as above – I am a **license exempt** family child care provider

Same as above – I am a **licensed** family child care provider

For center staff only:

Program (work site) Name : _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Phone: _____ Email: _____

3. CCAP Information

Do you currently serve families on CCAP? Yes No Application is pending

Provider /CCMS ID: _____
15 digit #

Where do you provide child care? My Home Child's Home Child Care Center

Are you a relative family child care provider caring for school age (SA) children only? Yes No

School age child is a child ages 5-13 (or through the age of 18 if approved for CCAP due to special need or court order) who is enrolled in school. A five year old is considered school age only when enrolled in a school based kindergarten.

4. CPR/First Aid Request

Name of CPR/First Aid Class: _____ Cost: _____

Classes must be completed and paid for between July 1, 2018 and June 30, 2019

5. Payment Information

Make check payable to: Individual (named in section 1) Child Care Program (name in section 2)

6. Documentation Checklist

I have included receipt/proof of payment for registration fee (receipt, cancelled check, statement)

I have included a copy of CPR/First Aid card

7. Statement of Agreement

I have completed all documentation requested in the guidelines and application. I certify that the above information is true and accurate.

Signature

Date

Applications are due by Wednesday, June 5, 2019

Send to Jen at 667 Ridgeview Dr, McHenry, IL 60050 or jennifers@four-c.org