



Confederated Tribes of the Goshute Reservation
CHILD CARE DEVELOPMENT FUND PROGRAM

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CHILD CARE PROVIDER ENROLLMENT FORM

Name of Parent/Guardian:	
Name of Center:	
Name of Director:	
Phone:	Email:
Licensed Provider: ☐ YES ☐ NO License #: _____	
Type of Provider: ☐ Center Based ☐ Group Home ☐ **Family Home ☐ **In-Child's Home	
Social Security #:	OR Tax ID #:
Physical Address:	
City/State/Zip Code:	
Billing Name: (Who the check will be made out to)	
Billing Address: (Where the check will be sent)	
City/State/Zip Code:	

***Please attach W-9 and a copy of Health Department Business License**

RELATIVE PROVIDERS ONLY

Previous Employer:	Phone #:
Address:	Wages:
**Driver's License or Identification Card #/State:	
**Relationship to the children in your care:	

Please provide the agreeable rate and days/times for EACH child needing care.

CHILD'S NAME:	RATE: \$ _____ (Please circle one) Monthly Weekly Daily	MON	TUES	WED	THURS	FRI	SAT/SUN
CHILD'S NAME:	RATE: \$ _____ (Please circle one) Monthly Weekly Daily	MON	TUES	WED	THURS	FRI	SAT/SUN
CHILD'S NAME:	RATE: \$ _____ (Please circle one) Monthly Weekly Daily	MON	TUES	WED	THURS	FRI	SAT/SUN
CHILD'S NAME:	RATE: \$ _____ (Please circle one) Monthly Weekly Daily	MON	TUES	WED	THURS	FRI	SAT/SUN

***Please attach a rate sheet and itemized invoice indicating rates for the first 2 months of care.**

The Confederated Tribes of The Goshute Reservation (CTGR), Child Care Development Fund (CCDF) Program is a determined parental choice program, meaning: the parent chooses or determines the childcare provider at their discretion and cannot hold the CTGR CCDF responsible for any accidents or liabilities. By signing this agreement, the parent and the provider agrees to the rates stated above. At any time, if the parent wishes to stop care with the current provider, the parent will have to fulfill all obligations with this provider above before transferring to a new provider. A closeout form from the current provider must be submitted. The provider must contact the local law enforcement agency and submit a background check and fingerprints. This information will be kept confidential unless there are significant findings that can prevent the provider from being CTGR CCDF Certified. The Parent/Guardian should have access to the child(ren) at any time. The Parent has the right to switch any time with a 2-week notice given, there are case by case basis to certain reasons.

If all parties are agreeable, please sign and submit with the CCDF application.

CHILD CARE PROVIDER SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

CCDF CASEWORKER SIGNATURE: _____ DATE: _____

RECEIVED: