

**Child Care Assistance Program
JULY 2017 EMPLOYEE APPLICATION FORM**

A. Employee Information

Name: _____

Address: _____

Town/State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

E-mail address: _____

Position: _____ Department: _____

Are you a benefit eligible, full-time or part-time, non-union employee?: [] yes [] no

Have you been employed at UMMS for more than three months?: [] yes [] no

Adjusted gross family income (as listed on most recent federal income tax form): \$ _____
(Include all family members, even if you file separately.)

What grade will your youngest child be entering in Sept. 2017? _____

Child(ren) in pre-kindergarten or younger:

Full name:	Date of Birth	Is child listed as a dependent on your income tax return? If no, please explain:
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1. _____ / ____/____ [] yes [] no _____

2. _____ / ____/____ [] yes [] no _____

B. Child Care Provider Information

Name of provider: _____

Contact person and title: _____ Phone: _____

Address: _____

Please check one: [] Child Care Center [] Family Child Care Home

**Child Care Assistance Program
JULY 2017 EMPLOYEE PARTICIPATION AGREEMENT**

Name of Employee: _____

Address: _____

Town/State/Zip: _____

Home Phone: _____ Work Phone: _____ Ext: _____

Name of Child: _____ Date of Birth: _____ Age: _____

Name of Child: _____ Date of Birth: _____ Age: _____

1. Employees at UMMS have full responsibility for any child care costs beyond the amount provided by the child Care Assistance Program. The amount provided by the Program will be determined by Crosby Benefit Systems, Inc.
2. Employees must inform UMMS within 30 days of any changes in their adjusted gross family income.
3. Employees must inform UMMS within 30 days if they withdraw from the child care provider to whom Child Care Assistance Program payments are directed.
4. Child Care Assistance payments are available to benefit eligible full-time and part time non-union employees only while they are employed by UMMS.
5. UMMS may verify employees' adjusted gross family income.
6. In the event that the information provided by an employee is not correct or complete, UMMS retains the right to terminate that employee's participation in the Child Care Assistance Program.
7. Employees at UMMS have full responsibility for choosing the child care provider. UMMS and Crosby Benefit Systems, Inc. assume no liability for this choice.
8. The employee hereby releases and hold harmless UMMS and Crosby Benefit Systems, Inc. and their agents, employees, and staff from all claims, obligations and liability of any kind arising out of the employee's children's use of and participation in the Child Care Assistance program, including but not limited to transportation to and from and participation in outdoor and off-premises activities. The employee hereby agrees to indemnify and hold harmless UMMS and Crosby Benefit Systems, Inc. from and against any and all claims, injury, loss and liability arising from the acts of the employee's children.

I have read the above conditions and agree to the provisions therein. I certify that all information provided is factually correct to the best of my knowledge.

Signature of Employee: _____ Date: _____

Please attach:

1. **A copy of the birth certificate for each eligible child.**
2. **A copy of the federal income tax return (1040, 1040A, or 1040EZ) for each wage earner in your household. If you do not have a copy of your tax return available, please submit one month of your most recent paystub(s) and most recent paystubs of your partner/spouse (if applicable).**
3. **A copy of your child care provider's EEC approval (i.e. operating license or certification).**
4. **A copy of your child care provider's fee schedule.**