

Parent Name:

C4K Case Number:

Si quiere recibir este formulario en español, llame al 1-888-214-5437.



## Summer Parent-Provider Agreement Form

This form tells us about the child care arrangement.

### BBGC Camp Quest 2026

**Step 1:** This form must be completed by the parent **and** the child care provider.

- **Parent** – Complete Sections 1, 3 and 5.
- **Child Care Provider** – Complete Sections 2, 3 and 4.

**Step 2:** Make sure all sections have been filled in and the information is correct. Answer all Yes or No questions by checking the right box. Once you have filled out and checked this form, make sure the parent and provider sign and date this form. If you need help, call 1-888-214-5437 or visit [www.ctcare4kids.com](http://www.ctcare4kids.com). **Incomplete forms may not be accepted and will delay processing.**

**Step 3:** All Care 4 Kids (C4K) providers **must complete** all orientation and annual training requirements prior to receiving payments. See the C4K website for provider requirements: [Provider Requirements – CT Care 4 Kids](#)

**Step 4:** The law requires us to report all payments to the Internal Revenue Service (IRS) for income tax purposes. If you are a new child care provider with Care 4 Kids (C4K), you **must** provide us with your Social Security Number or Federal Employer Identification Number and fill out an IRS W-9 form. To get a W-9 form by mail, call 1-888-214-5437, or download the form at [www.ctcare4kids.com](http://www.ctcare4kids.com). If you have already submitted a W-9 form to us, you do not need to fill out a new form unless your information has changed. Care 4 Kids does not withhold income taxes. Providers are responsible for paying taxes to the IRS and the State of Connecticut.

**Step 5:** Submit the completed form to: **Care 4 Kids, 55 Capital Boulevard, Rocky Hill, CT 06067** or fax it to: **1-877-868-0871**.

#### SECTION 1: PARENT INFORMATION (To be completed by Parent)

Parent Name: \_\_\_\_\_ C4K Case Number: \_\_\_\_\_  
Last Name, First Name, Middle Initial

Parent Address: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_

Telephone Number: (Cell) \_\_\_\_\_ (Secondary) \_\_\_\_\_

Reason for submitting this form:  Part of my Application or Redetermination  Reporting changes or a new provider

#### SECTION 2: CHILD CARE PROVIDER INFORMATION (To be completed by Provider)

**What type of child care provider are you?**

- Unlicensed Individual (relative)
- Licensed Family Child Care Home
- Licensed Child Care Center
- Licensed Group Child Care Home
- Licensed Youth Camp
- Exempt Youth Camp
- Exempt Center Based Program

**Are you accredited by any of the following? (check if yes)**

- National Assoc. for the Education of Young Children (NAEYC)
- Council on Accreditation (COA)
- New England Assoc. of Schools and Colleges (NEASC)
- National Assoc. for Family Child Care (NAFCC)

#### SECTION 2A: LICENSED CHILD CARE PROVIDERS/EXEMPT PROGRAMS (To be completed by Provider)

##### PROVIDER NAME

Center Name: Camp Quest Licensed Home: N/A

Address where child care is provided: 255 West Street Bristol CT 06010  
Street City State Zip Code

Telephone Number: (Cell) (860) 540-3110 (Secondary) N/A

Date of Birth: N/A C4K Provider ID: Pending License Number: Pending Camp License  
Family Home Providers Only

Please list the address you would like notices to be mailed if different from the address where child care is provided:

Street Address: 255 West Street City, State, Zip Code: Bristol, CT 06010

Parent Name: \_\_\_\_\_

C4K Case Number: \_\_\_\_\_

**SECTION 2A, CONTINUED: LICENSED CHILD CARE PROVIDERS/EXEMPT PROGRAMS (To be completed by Provider)**

I understand I must complete the pre-service orientation/training requirement prior to becoming eligible for payment. Providers will be eligible for payment the day after the training is completed. For more information, visit [www.ctcare4kids.com](http://www.ctcare4kids.com).

I understand that all licensed child care and exempt programs must complete all health and safety requirements in order to become and remain an eligible child care provider.

**SECTION 2B: UNLICENSED RELATIVE CHILD CARE PROVIDERS (To be completed by Provider)**

**You must be related to the child by blood, marriage, or adoption.** This means the child is your grandchild, great grandchild, niece, nephew, or sibling. If you are not related, you must have a license from the Office of Early Childhood Division of Licensing to provide child care.

Provider Name: \_\_\_\_\_  
*Last Name, First Name, Middle Initial*

Home Address: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_

Telephone Number: (Cell) \_\_\_\_\_ (Secondary) \_\_\_\_\_

C4K Provider ID: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender:  Male  Female

I understand I must complete the pre-service training requirement prior to becoming eligible for payment. For more information, visit [www.ctcare4kids.com](http://www.ctcare4kids.com).

Are you self-employed or do you have another job other than providing child care?  Yes  No. If yes, enter your work schedule at your other job in the table below.

Name, Address, and Telephone Number of other job: \_\_\_\_\_

**Provider: Use this table to enter the days you normally work at your other job (circle AM or PM).**

TIME	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Start	____:____ AM ____:____ PM	____:____ AM ____:____ PM	____:____ AM ____:____ PM	____:____ AM ____:____ PM	____:____ AM ____:____ PM	____:____ AM ____:____ PM	____:____ AM ____:____ PM
End	____:____ AM ____:____ PM	____:____ AM ____:____ PM	____:____ AM ____:____ PM	____:____ AM ____:____ PM	____:____ AM ____:____ PM	____:____ AM ____:____ PM	____:____ AM ____:____ PM

Where do you provide child care for the children listed above?  Child's home  Provider's home  Other \_\_\_\_\_

Is there a working telephone at this care location?  YES  NO Telephone number: (\_\_\_\_) \_\_\_\_\_

Is there a working smoke detector?  YES  NO Do you have immediate access to a fire extinguisher?  YES  NO

What is the total number of children in your care at the same time on any day, including your own children? \_\_\_\_\_

How many of these children are under age 2, including your own children? \_\_\_\_\_

Are you under investigation by the Department of Children and Families (DCF) for child abuse or child neglect or do you have a record of child abuse or child neglect in Connecticut or any other state?  YES  NO

Were you ever arrested, or do you have an arrest warrant or criminal charge pending against you?  YES  NO

What crime(s) were you charged with? When and where? \_\_\_\_\_

Have you ever been convicted of any of the crimes listed below?  YES  NO

- Abandonment, injury, or risk of injury to a minor.
- Cruelty to persons or animals, stalking, obscenity, public indecency, reckless endangerment, arson, robbery, burglary, home invasion.
- Use of force against another person, including murder, assault, manslaughter, kidnapping, unlawful restraint.
- Crimes involving a weapon, explosives, or a firearm.
- Sex crimes including sexual assault, rape, prostitution, child pornography, and other related sex crimes.
- Sale, manufacture, or possession of narcotics or other illegal drugs or controlled substances.

For a complete crime list please visit [www.ctcare4kids.com](http://www.ctcare4kids.com)

**NOTE: All Unlicensed Relative Providers are subject to child abuse/neglect, sex offender, and criminal background checks. If the results of the background check confirm you are ineligible, you will be required to repay Care 4 Kids benefits issued to you.**

Parent Name: \_\_\_\_\_

C4K Case Number: \_\_\_\_\_

**SECTION 3: CHILDREN IN CARE (To be completed together by Parent and Provider)**

Complete for each child needing Care 4 Kids assistance. If there are more than 3 children in your care, make a copy of this page or download and print another copy of this page from the Care 4 Kids website at [www.ctcare4kids.com](http://www.ctcare4kids.com).

**CHILD #1**

LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_

M.I. \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Summer Care: Date care started: 7/6/2026 Date care ended: 8/14/2026 How much is the parent charged per week? \$ 150.00

Will Child 1 stay with this provider in the Fall and will the before/after school hours of care remain the same?  Yes  No

Are you currently charging a mandatory registration fee for this child?  YES  NO If yes, how much is the registration fee? \$ 50.00

Are you related to this child?  YES  NO If related, specify your relationship to the child:

- Grandparent/Great Grandparent
- Aunt/Uncle
- Sibling
- Other: \_\_\_\_\_

**CHILD CARE SCHEDULE: Fill in the time the child is in your care (circle AM or PM)**

Day of the Week	Schedule 1 Begin Time	Schedule 1 End Time	Schedule 2 Begin Time	Schedule 2 End Time
Sunday	____:____ AM PM	____:____ AM PM	____:____ AM PM	____:____ AM PM
Monday	<u>7</u> : <u>30</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	<u>5</u> : <u>30</u> AM <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	____:____ AM PM	____:____ AM PM
Tuesday	<u>7</u> : <u>30</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	<u>5</u> : <u>30</u> AM <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	____:____ AM PM	____:____ AM PM
Wednesday	<u>7</u> : <u>30</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	<u>5</u> : <u>30</u> AM <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	____:____ AM PM	____:____ AM PM
Thursday	<u>7</u> : <u>30</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	<u>5</u> : <u>30</u> AM <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	____:____ AM PM	____:____ AM PM
Friday	<u>7</u> : <u>30</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	<u>5</u> : <u>30</u> AM <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	____:____ AM PM	____:____ AM PM
Saturday	____:____ AM PM	____:____ AM PM	____:____ AM PM	____:____ AM PM

Is this child care schedule the same each week?  YES  NO If no, explain how the care schedule varies: \_\_\_\_\_

**CHILD #2**

LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_

M.I. \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Summer Care: Date care started: \_\_\_\_\_ Date care ended: \_\_\_\_\_ How much is the parent charged per week? \$ \_\_\_\_\_

Will Child 2 stay with this provider in the Fall and will the before/after school hours of care remain the same?  Yes  No

Are you currently charging a mandatory registration fee for this child?  YES  NO If yes, how much is the registration fee? \$ \_\_\_\_\_

Are you related to this child?  YES  NO If related, specify your relationship to the child:

- Grandparent/Great Grandparent
- Aunt/Uncle
- Sibling
- Other: \_\_\_\_\_

**CHILD CARE SCHEDULE: Fill in the time the child is in your care (circle AM or PM)**

Day of the Week	Schedule 1 Begin Time	Schedule 1 End Time	Schedule 2 Begin Time	Schedule 2 End Time
Sunday	____:____ AM PM	____:____ AM PM	____:____ AM PM	____:____ AM PM
Monday	____:____ AM PM	____:____ AM PM	____:____ AM PM	____:____ AM PM
Tuesday	____:____ AM PM	____:____ AM PM	____:____ AM PM	____:____ AM PM
Wednesday	____:____ AM PM	____:____ AM PM	____:____ AM PM	____:____ AM PM
Thursday	____:____ AM PM	____:____ AM PM	____:____ AM PM	____:____ AM PM
Friday	____:____ AM PM	____:____ AM PM	____:____ AM PM	____:____ AM PM
Saturday	____:____ AM PM	____:____ AM PM	____:____ AM PM	____:____ AM PM

Is this child care schedule the same each week?  YES  NO If no, explain how the care schedule varies: \_\_\_\_\_

Parent Name: \_\_\_\_\_

C4K Case Number: \_\_\_\_\_

**SECTION 3, CONTINUED: CHILDREN IN CARE (To be completed together by Parent and Provider)**

**CHILD #3**

LAST NAME

FIRST NAME

M.I.

DATE OF BIRTH

Summer Care: Date care started: \_\_\_\_\_ Date care ended: \_\_\_\_\_ How much is the parent charged per week? \$ \_\_\_\_\_

Will Child 3 stay with this provider in the Fall and will the before/after school hours of care remain the same?  Yes  No

Are you currently charging a mandatory registration fee for this child?  YES  NO If yes, how much is the registration fee? \$ \_\_\_\_\_

Are you related to this child?  YES  NO If related, specify your relationship to the child:

Grandparent/Great Grandparent  Aunt/Uncle  Sibling  Other: \_\_\_\_\_

**CHILD CARE SCHEDULE: Fill in the time the child is in your care (circle AM or PM)**

Day of the Week	Schedule 1 Begin Time	Schedule 1 End Time	Schedule 2 Begin Time	Schedule 2 End Time
Sunday	____:____ AM PM	____:____ AM PM	____:____ AM PM	____:____ AM PM
Monday	____:____ AM PM	____:____ AM PM	____:____ AM PM	____:____ AM PM
Tuesday	____:____ AM PM	____:____ AM PM	____:____ AM PM	____:____ AM PM
Wednesday	____:____ AM PM	____:____ AM PM	____:____ AM PM	____:____ AM PM
Thursday	____:____ AM PM	____:____ AM PM	____:____ AM PM	____:____ AM PM
Friday	____:____ AM PM	____:____ AM PM	____:____ AM PM	____:____ AM PM
Saturday	____:____ AM PM	____:____ AM PM	____:____ AM PM	____:____ AM PM

Is this child care schedule the same each week?  YES  NO If no, explain how the care schedule varies: \_\_\_\_\_

**SECTION 4: PROVIDER CERTIFICATION (To be completed by Provider)**

I certify that:

- 1) I am the individual or program that is providing care to the children listed on this form. I am at least 20 years of age and capable of providing safe and competent child care services. I do not have a disability, impairment or health problem that would prevent me from caring for the children.
- 2) Care will be given at the location specified on the form. I am responsible for reporting changes in the hours of care, the amount I charge for services, if the child stops attending care, and changes in the location where care is given. I must also inform Care 4 Kids of any changes in my criminal or child abuse/neglect history. Changes must be reported within 10 days.
- 3) For each child in my care, I have the name of the child's primary care physician and health insurance provider and proof that each child is up to date with his or her immunizations and health screening exams.
- 4) I understand and agree that the Office of Early Childhood and Care 4 Kids may verify information listed on this form independently without prior authorization, including criminal and child abuse/neglect background checks.
- 5) I understand that this agreement is between the parent and the provider. It is not a contract with Care 4 Kids or the State of Connecticut. Neither Care 4 Kids nor the State of Connecticut employ me. I am an independent contractor and will receive a 1099 tax form for monies received from Care 4 Kids.
- 6) Care 4 Kids may not cover my total charges. The parent is responsible for any costs that are not paid by Care 4 Kids.
- 7) I may be required to repay benefits that were paid to me in error. I may also be subject to criminal or civil charges if I knowingly omit, misrepresent, or provide false information to Care 4 Kids or if I do not report changes in a timely manner that affect payments or my eligibility for this program. I may be liable for all penalties associated with crimes, including, but not limited to, larceny by defrauding a public community, conspiracy to commit larceny by defrauding a public community, vendor fraud, forgery, false statement, and other relevant crimes pursuant to Title 53a of the Connecticut General Statutes.
- 8) I must submit a completed invoice to receive payment. Invoices are issued to me when payment is approved and monthly thereafter. I will have **120 days** to submit the completed invoice in order to be paid.
- 9) To be eligible for payments, (1) I will abide by State of Connecticut health and safety regulations as applied to me (either as a licensed or unlicensed provider), and (2) I will cooperate with the State of Connecticut and its designees in program audits and fraud prevention activities, including any site visits that may be conducted to my home, child care site or place of employment.
- 10) I understand I must complete the orientation and annual training requirements in order to be eligible for payment. For more information on specific provider requirements, visit [www.ctcare4kids.com](http://www.ctcare4kids.com).
- 11) I have read and understand the information contained in this form and certify that all of the information I have provided is true and correct to the best of my knowledge.
- 12) I understand that if I am licensed, I must report any child fatalities and any injuries that result in a child being admitted to a hospital that occur while a child is in my care to The Office of Early Childhood, Licensing Division at 1-800-282-6063.

Provider Name (please print): \_\_\_\_\_  
LAST NAME FIRST NAME M.I.

Provider Signature: \_\_\_\_\_  
DATE

