



Child Care Providers:

In an effort to streamline our invoice processing and minimize potential delays for invoice payments, we ask for the following steps to be implemented when completing a scholarship:

- In the **Provider Name** field, enter the provider name **EXACTLY** as it is displayed in our system according to your business license. If you are unsure of how it is displayed, please contact CCS Central 2 to verify. **Failure to enter the Provider name correctly or leaving the field blank will delay payment processing.**
- In the **Date Child Began Care** field, enter the **ACTUAL DATE** the child began care **according to the applicable child care scholarship**, use the **MM/DD/YYYY** format. **Failure to enter a date or leaving the space blank will delay processing.**
- Please remember that the scholarship must include **weekly tuition rates**; it must also be **ACTIVE** and **NOT EXPIRED**.
- In the **License/Registration Number** field, enter your license number **WITHOUT** the county code (**Example:** instead of 03-2312, only enter 2312)
- The **Signature and Date** fields must be **SIGNED AND DATED BY BOTH THE CUSTOMER AND PROVIDER** in order to be processed.

PLEASE BE SURE TO COMPLETE ANY HAND-WRITTEN SECTIONS LEGIBLY AS WE ARE UNABLE TO PROCESS ITEMS THAT WE CANNOT READ

IV. PROVIDER INFORMATION - Must be participating in Maryland EXCELS	
Provider Name: <u>The Child Wonders Center LLC</u>	Date Child Is To Begin Care: <u>04/13/2021</u>
Provider Address: 123 South Bend Lane, Chestertown, MD 21620	Weekly Tuition Rate For This Child: <u>200</u>
Provider Telephone: 410-555-1212	Summer Weekly Tuition Rate For This Child: <u>60</u>
Provider Tax ID/SSN:	
License/Registration Number: <u>50084</u>	
Expiration Date: 04/30/2022	
V. ACKNOWLEDGEMENT	
We have read or had read to us the terms attached to this scholarship and we understand and agree to them. This provider will not be paid unless this scholarship is completed, signed by the parent and the provider and returned to CCS Central (address above) within 60 days of authorization.	
Parent/Guardian Signature: <u>[Signature]</u>	<input type="checkbox"/> I affirm that I am currently participating in Maryland EXCELS.
Date: <u>04/13/2021</u>	Provider Signature: <u>[Signature]</u>
	Date: <u>04/13/2021</u>

Our goal is to eliminate delays in processing payments for invoices. We appreciate your support!

Regards,
CCS Central 2
877-227-0125