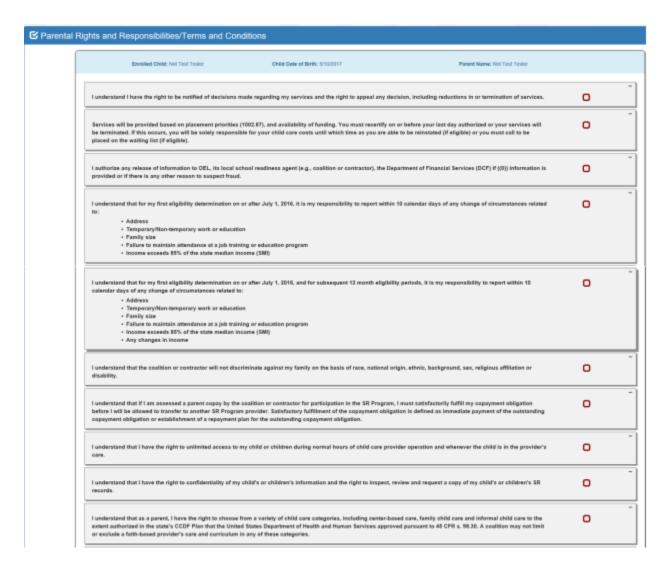# Instructions on How to Sign.

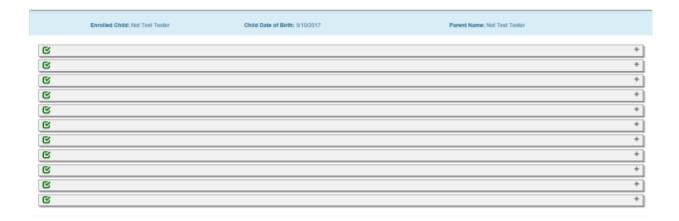Scroll all the way to the bottom until you get to a box like this;

Press the SIGN button. It will take you to your Terms & Conditions that will look like the image below. You will have to check the Boxes after reading them.

I authorize ELC of the Big Bend Region to review and duplicate my child's health records, which may include but not be limited to immunization records, physical exam and results of any screening.

When necessary, I authorize ELC of the Big Bend Region staff and/or my child care provider to complete a child development screening and assessment for my child. I also give consent for a Level-I Development Screening to be completed by ELC of the Big Bend Region Staff or ELC of the Big Bend Region trained providers and a Level-II screening as needed to verify results.

I do not wish for my child(ren) to be screened by a ELC of the Big Bend Region staff.

Decline

Once you are done with Terms and Conditions it will hide just like the image below.

Enrolled Child: Not Test Tester   Child Date of Birth: 5/10/2017   Parent Name: Not Test Tester

Accept

Hit the accept button and it will now take you to your certificate.

ELC of the Big Bend Region
Non-transferable Child Care Certification
School Readiness Program

Certificate Number: 434

* This certificate is not valid for care arranged after: 6/30/2019

PARENT INFORMATION

Name: Not Test Tester	Date of Birth: 5/10/2000	Social Security Number:
Home Address: 250 Marriott Drive	City: Tallahassee	State: Uk	Zip: 32399
Home Phone: (777) 777-7777	Work Phone: (888) 888-8888	Employer: Oel

ENROLLED CHILD INFORMATION

Name: Not Test Tester, Jr	Date of Birth: 5/10/2017	Social Security Number:

PROVIDER INFORMATION

Provider: Jim's House of Smarties	Phone: (555) 555-5555	Address: 250 MARRIOTT DR TALLAHASSEE, FL 32301

ENROLLMENT INFORMATION

Eligibility Start: 6/30/2018   Eligibility End: 6/30/2019
Counselor: N/A   Case Worker: N/A
*No reimbursements made after this date

Gold Seal Rate: $0.00   Parent Full-time Co-Pay**: $6.24   Parent Part time Co-Pay**: $0.00
Enrolled On: 6/30/2018   Enrollment Start: 7/1/2018   Enrollment End: 6/30/2019
Unit of Care: FT   Billing Group: BG1   Eligibility: 11
** Parent co-payment is what the parent is responsible for paying (copay)

Unit of Care / Day of Care:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	FT	FT	FT	FT	FT		

Privacy Act Statement: Social security numbers are requested on this form under s. 119.071(5)(a)2., F.S., for use in the records and data systems of the Office of Early Learning (OEL) and Early Learning Coalitions. Social security numbers will be used for routine data requests, state and federal reporting requirements, identification, and to verify eligibility for the School Readiness Program including, but not limited to, family income. Submission of social security numbers on this form is voluntary and not a condition of enrollment in the School Readiness Program.

I certify that by use of this certificate that I am exercising my choice of caregiver for my child. Other placement options in licensed and subcontract facilities and homes have been explained to me. OEL, the early learning coalition, and its contracted provider, if applicable, are indemnified from and its contract provider are indemnified from all possible liability for payments to the caregiver that I select and from liability for the quality of care my child receives. I understand that I have access to my children at any time and that I may visit the provider's setting at any time during care hours.

Signature of Parent: _____   Date: _____
                         ☐ By Electronic Signature
Signature of Provider: Jim Ledbetter (E-Signed)   Date: 6/30/2018
                         ☑ By Electronic Signature
Signature of Early Learning Coalition Counselor: James Forrest Ledbetter (E-Signed)   Date: 6/30/2018
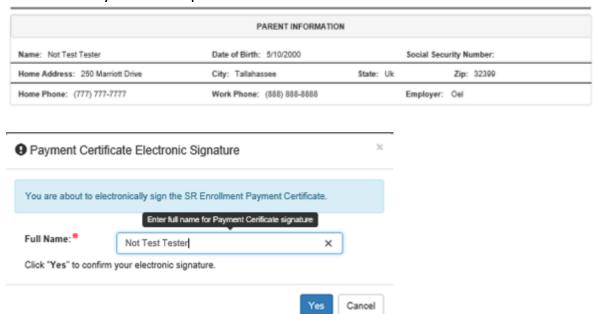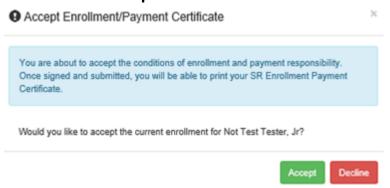   ☑ By Electronic Signature

[Submit]

Click the "By Electronic Signature" and this will bring the box below. Once you sign you will be able to hit the Submit button.

*Please make sure when typing your name, it **matches exactly** as your name is on the application, this function is very sensitive, you will be able to tell if the signature is wrong as it will indicate this right below the signature box in *Red*
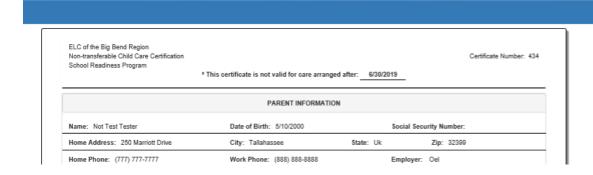
Letters. Your name will be labeled at the top of your certificate, this will have to match exactly how it is spelled there.

PARENT INFORMATION

Name: Not Test Tester	Date of Birth: 5/10/2000	Social Security Number:
Home Address: 250 Marriott Drive	City: Tallahassee	State: Uk	Zip: 32399
Home Phone: (777) 777-7777	Work Phone: (888) 888-8888	Employer: Oel

❶ Payment Certificate Electronic Signature ✕

You are about to electronically sign the SR Enrollment Payment Certificate.

Enter full name for Payment Certificate signature

Full Name: * [Not Test Tester |] ✕

Click "Yes" to confirm your electronic signature.

[Yes] [Cancel]

After clicking the **Submit** button, the following confirmation message will display. You will click **Accept** or **Decline**.

❶ Accept Enrollment/Payment Certificate ✕

You are about to accept the conditions of enrollment and payment responsibility. Once signed and submitted, you will be able to print your SR Enrollment Payment Certificate.

Would you like to accept the current enrollment for Not Test Tester, Jr?

[Accept] [Decline]

Once the **Accept** button is clicked, you may print the certificate by clicking the **Print** button.

ELC of the Big Bend Region
Non-transferable Child Care Certification   Certificate Number: 434
School Readiness Program
    * This certificate is not valid for care arranged after: 6/30/2019

PARENT INFORMATION

Name: Not Test Tester	Date of Birth: 5/10/2000	Social Security Number:
Home Address: 250 Marriott Drive	City: Tallahassee	State: Uk	Zip: 32399
Home Phone: (777) 777-7777	Work Phone: (888) 888-8888	Employer: Oel

The Enrollment Status on your profile page should be now **Enrolled**.

School Readiness Funding

The following table shows the School Readiness funding status for all of the children in your household.

Child Name	EV Number	Status	Enrollment Status	Provider Name
Not Test Tester JR.	EV_0000001392	Eligible	Enrolled	Jim's House of Smarties