



CC-175 (New 04/14)

**WORK FIRST NEW JERSEY
CHILD CARE REGISTRATION INFORMATION**

NAME OF CHILD CARE PROGRAM

EPPIC NUMBER

TO THE PARENT OR GUARDIAN: This form must be completed for your child who will be receiving child care services through the Work First New Jersey (WFNJ) program.

NOTE TO PARENT/S OR GURDIAN/S: Department of Human Services, Division of Family Development (DHS/DFD), the administering authority for the New Jersey Child Care Subsidy Program, authorizes the Child Care Resource and Referral Agency (CCR&R) or designee to pay a one-time registration fee (up to \$50) for your child who is receiving child care services through the Work First New Jersey Program.

Case #	
Child's name:	Date of Birth:
Address:	
Phone Number:	
Date of Child's Enrollment:	

- I understand that DHS/DFD will only pay a one-time registration fee up to \$50.00 for each child.
- I understand that payment can only be issued to a licensed center, summer camp or registered family child care provider approved by either, Office of Licensing, Department of Education, or Department of Health.

I have read and understand the registration policy and hereby agree to the above terms and conditions.

Parent/Guardian Print Name _____ Date _____

Parent/Guardian/Signature _____ Date _____

Provider or Program Administrator Print Name _____ Date _____

Provider Administrator Signature _____

Approved by Child Care Resource and Referral

Agency Signature

Date

Amount Authorized \$ _____