

**Contract # 1****Associate Degree Scholarship for Center Teachers****This contract is between:**

Child Care Services Association  
P.O. Box 231  
Chapel Hill, NC 27514

1st Start Daycare  
1799 White Store Road  
Wadesboro, NC 28170  
ID# 04000171

test #2 record  
123 ABC Lane  
lollipop, NC 12345  
ID# NC-025571

**Form A**  
**AT-1S02**

**For the term: 5/1/2014 through 4/30/2015**

This contract is a joint agreement between the scholarship recipient, the sponsoring child care center/large home and Child Care Services Association (CCSA). Please read carefully and sign in the appropriate space. Please note that if the scholarship recipient receives additional sources of financial aid, CCSA reserves the right to modify the terms of this contract. **This contract is contingent on continuing availability of funds.**

**As a recipient of the Associate Degree Scholarship for Center Teachers I, test record, agree to:**

- A. Enroll in the Early Childhood Program at a participating Community College;
- B. Enroll in a minimum of 9-12 semester hours of classes to be completed during the contract period specified above;
- C. Attend classes regularly;
- D. Complete all assigned course work and successfully pass each course;
- E. Communicate routinely with CCSA about class enrollment;
- F. Submit grade report to CCSA after each semester;
- G. Establish schedule for release time with my director when semesters are in session;
- H. Reimburse CCSA 10% of the cost of each class;
- I. Secure and submit tuition and book receipts to CCSA on a completed Form B to receive reimbursement and travel stipend;
- J. Commit to employment at the below named center/large home for one additional year upon successful completion of the 9-12 semester hours funded through the scholarship program and upon receipt of a 3% salary increase;
- K. Remain employed at sponsoring center/large home for a minimum of 30 hrs/wk;
- L. Notify CCSA of additional sources of financial aid;
- M. Submit all term claims within 30 days after the close of each semester. Failure to do so may result in forfeiture of money for the claims; and
- N. Comply with reporting requirements of each funding source and grant permission to CCSA to release demographic and scholarship related information to the N.C. Division of Child Development, Smart Start Partnerships, Resource and Referral agencies, and community colleges/universities.

**T.E.A.C.H. Early Childhood® North Carolina agrees to:**

- A. Notify the Early Childhood Education Coordinators about scholarship awards;
- B. Pay the participating Community Colleges for the tuition of each scholarship recipient;
- C. Reimburse scholarship recipients for 90% of cost of books for each course;
- D. Pay scholarship recipients \$65 per semester to help cover the cost of travel;
- E. Reimburse child care centers/large homes for 60% of the mandatory release time granted to scholarship recipient at the rate of \$8.50/hour;
- F. Regularly communicate with the scholarship recipients, sponsoring child care centers/large homes, and participating colleges; and
- G. Comply with the reporting requirements of each funding source.

**1st Start Daycare agrees to:**

- A. Reimburse CCSA upon receipt of a bill for 10% of the cost of tuition for each course the above named scholarship recipient is enrolled in, up to a maximum of 12 semester hours during the period specified above;
- B. Provide paid release time to the above named scholarship recipient employee that is equivalent to the semester hours of the course(s) being taken, with a maximum of six hours of release time per week each 16 week semester;
- C. Complete and return the claims for reimbursement of release time (Form C) by the 10th of each month, following the claim month;
- D. Provide CCSA with demographic information about the center, upon request, to satisfy reporting requirements to granting agencies;
- E. Provide the scholarship employee, upon successful completion of 9-12 credit hours (but not before the end of the contract term), a 3% raise or upon completion. This raise is above and beyond any other expected raise;
- F. Notify CCSA within ten days of any changes of recipient's employment status;
- G. Submit all term claims within 30 days after the close of each semester. Failure to do so may result in forfeiture of money for the claims; and
- H. Understand that failure to pay invoices may jeopardize recipient's employment commitment to the child care program.



04/03/14

Authorized CCSA Representative

T.E.A.C.H. Early Childhood® North Carolina

Date

Representing,  
1st Start Daycare

Date

Recipient  
test record

Date



...ensuring affordable, accessible, high quality child care for all young children and families.

### Pre-Authorization Request

**Semester:** (Check one) ☐ Fall ☐ Spring ☐ Summer1 ☐ Summer2 (Year) \_\_\_\_\_

**Name:** test #2 record

**Date:** 2/27/2013

**T.E.A.C.H. #:** NC-025571

**Center Name:** 1st Start Daycare

**Center License #:** 04000171

**Intended Method of Payment:** (check one)

☐ Recipient ☐ Employer ☐ T.E.A.C.H. ☐ Other Financial Aid/Grant (i.e. PELL Grant)

| Course Prefix | Course Number | Course Name or Title | Course Credit Hours | College Name<br>(Please Do Not Abbreviate) |
|---------------|---------------|----------------------|---------------------|--|
|               |               |                      |                     |  |
|               |               |                      |                     |  |
|               |               |                      |                     |  |
|               |               |                      |                     |  |

**\*This form is to be returned to: T.E.A.C.H. Early Childhood® Project**

**Mail to: Child Care Services Association**  
P.O. Box 231  
Chapel Hill NC 27514

**OR Fax to: (919) 967-7040**

**\*Do Not turn this form into your college.**

**For Office Use Only:**

| Date Request Received | Approved | Date Charge Sent |
|-----------------------|----------|------------------|
|                       |          |                  |

**Please allow at least 2 business days for your request to be processed.**

Mailing Address  
PO Box 901  
Chapel Hill, NC 27514

Headquarters  
Orange County Office  
p. 919-967-3272  
f. 967-7683

Durham County Office  
p. 919-403-6950  
f. 403-6959



[www.childcareservices.org](http://www.childcareservices.org) • [info@childcareservices.org](mailto:info@childcareservices.org)

# Reimbursement Claim Form

Please return with receipts to:

Child Care Services Association  
P.O. Box 231  
Chapel Hill, NC 27514

**Form B**  
AD-II-TZ

## Recipient information

Test Record  
2331 My Street Dr  
Ahoskie, NC 21030  
ID# NC-011018

**College:** Central Piedmont Community College  
**Child Care Facility:** Test Facility Record #1  
**TEACH Counselor:** Amy Duffy  
**Special Project:**

Submit all term claims within 30 days after the close of each semester.  
Failure to do so will result in forfeit of money for the claims.

**School Term Attended** check one ☐ Fall ☐ Spring ☐ Summer1 ☐ Summer2 (Year) \_\_\_\_\_

## Tuition and Fees

**Tuition/Fees Amount:** \$ \_\_\_\_\_

**Tuition paid by:** check one

☐ Recipient ☐ Child Care Facility ☐ T.E.A.C.H. ☐ P.E.L.L. ☐ Loans

**Course Titles:**

**Credit Hours:**

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

## Books

**Tuition Books Amount:** \$ \_\_\_\_\_ (Sales tax and shipping are NOT reimbursable)

**Books paid by:** check one

☐ Recipient ☐ Child Care Facility ☐ T.E.A.C.H. ☐ P.E.L.L. ☐ N/A - No Book Purchase

**Book Title:**

**Price:**

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

**If receipts are not included, reimbursement will not be issued.**

If you have questions, please call your counselor at 919-967-3272.

Fax Number: 919-967-7040

REF: NC-011018

# FORM B INSTRUCTIONS

Dear Scholarship Recipient:

Enclosed are the Form B's that you will need to complete each semester in order to receive reimbursement for books and tuition and your travel stipend. A Form B needs to be completed and turned in each semester that you are enrolled in class. Submit all term claims within 30 days after the close of each semester. Failure to do so will result in forfeit of money for the claims.

## Tuition and Fees

- Circle the term and list the year you are attending school.
- List tuition and fees amount. Fees include activity, facilitator's, library, computer, administrative, and student insurance if the college mandates it. T.E.A.C.H. Early Childhood® Project will not cover parking, late registration or graduation fees.
- Indicate who paid the community college for your classes: you, the "student", your "center", or "T.E.A.C.H." Please note that T.E.A.C.H. will not pay the community college for your tuition unless you submit a Pre-Authorization Request Form for a charge approval.\*
- List the titles of your courses and the number of credit hours for each. You are required to submit a Pre-Authorization Request Form to your T.E.A.C.H. counselor prior to registration to be sure the courses you'd like to register for are authorized. If you register and pay for courses NOT authorized by your counselor, you will not be reimbursed for tuition or books for these courses.
- Attach registration receipt and/or registration form to back of Form B. We must have a copy of your registration receipt, even if you charged your tuition to us.

## \*Charging tuition to the T.E.A.C.H. Early Childhood® Project

- You must already be approved for a scholarship and have a signed contract on file with T.E.A.C.H. before T.E.A.C.H. will issue charge approvals.
- You must submit a Pre-Authorization Request Form to us each semester before registration to be sure the courses you'd like to register for are authorized by your counselor. We suggest you submit your request at least one week in advance.
- Provide the course titles, the number of credit hours you wish to take, and the college of attendance. Indicate T.E.A.C.H. as the intended method of payment.
- After approving the hours, we will notify the community college/university and give permission for your tuition to be charged to T.E.A.C.H. Your counselor will contact you if we cannot authorize courses or need additional information to authorize courses.
- You then may go register at the college/university.

## Books

- If you did not purchase books, circle "N/A - No book purchased".
- If you did purchase books and have a copy of the receipt, list the full book titles of the books you bought and the price for each, without tax. T.E.A.C.H. will not reimburse for books without a book receipt.
- Total the price for books, again without tax, and list the amount.
- Indicate who paid for the books, the student or the center. Please note that T.E.A.C.H. does not allow books to be charged to our account.
- Attach a copy of your book receipts to the back of Form B. T.E.A.C.H. will not reimburse for books without a book receipt.

**Travel Stipend** is issued in your reimbursement each semester. So, keep in mind that if you charge your tuition to us, and don't buy any books, you still need to send in your **completed** Form B with the registration receipt attached in order to receive your travel stipend. Otherwise we will have to wait until the community college/university invoices us before we can issue your travel stipend. It is your responsibility to see that the Form B is completed each semester. The earlier in the semester you send in your receipts, the sooner you will receive your reimbursement check. If you have any questions about completing these forms, please give your scholarship counselor a call at (919) 967-3272.

**Form C**  
**BT-QS**

(Year) \_\_\_\_\_

|                     | Date    | Times     | # of Hours Off<br>Round to nearest 1/2 hour |
|---------------------|---------|-----------|---|
| Sample              | 1/10/07 | 3 to 5 pm | 2 hrs.                                      |
|                     |         |           |   |
|                     |         |           |   |
|                     |         |           |   |
|                     |         |           |   |
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|                     |         |           |   |
|                     |         |           |   |
|                     |         |           |   |
|                     |         |           |   |
| Total Hours Claimed |         |           |   |

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## FORM C

### Release Time Claim Reimbursement Form

Dear Director:

Enclosed are Form C's for your scholarship recipient(s). Form C's are to be completed & turned in either each month or each semester, whichever is more convenient for you and your program. Submit all term claims within 30 days after the close of each semester. Failure to do so will result in forfeit of money for the claims.

The amount of release time for which a scholarship recipient is eligible depends upon the scholarship program in which they are enrolled.

**AT/BT option 1:** Weekly, the scholarship recipient should get 1 hour of release time per credit hour, up to a maximum of 6 hours. For example, if the recipient is taking one 3 credit hour class, she should receive 3 hours of paid release time per week. If she is taking three 3 credit hour classes (a total of 9 credit hours), she should receive 6 hours of paid release time each week.

**AT option 2:** Weekly, the scholarship recipient should receive 3 hours of paid release time, regardless of how many credit hours she is taking.

**BT option 2:** Weekly, the scholarship recipient should receive 2 hours of paid release time, regardless of how many credit hours she is taking.

CCSA will reimburse the center for one half of the claimed release time, at the rate of \$8.50 per hour.

Release time may be taken by the recipient to attend class, study, or to attend to personal needs. How you and your scholarship recipient schedule release time is up to the two of you, but we do expect the release time to be taken each semester.

Either you or the recipient may be responsible for completing the forms, again whatever works best for your program, but the form **MUST** be signed by both you and the recipient.

If you have any questions about completing these forms, please give your scholarship counselor a call.