



ChildNet Certification Agreement

Program/Provider Name		Registration			
		<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> C1
Street Address	City	Zip Code		County	
Telephone		Registration #		Expiration Date	

I, _____ (print provider name), have read and agree to abide by the attached ChildNet policies for the entirety of the ChildNet Certification period in order to maintain my status as a ChildNet Certified provider. I grant permission to Child Care Resource & Referral (CCR&R) to contact the Iowa Department of Health and Human Services (HHS) and the Child and Adult Care Food Program (CACFP) to verify my registration is current and that I am an active participant in CACFP.

The hours of Professional Development needed to renew your ChildNet Certification, along with the time frame requirements, are listed below.

Reminder: 8 hours of Professional Development are needed for every 6 months of registration.

Number of Professional Development Hours	Starting Date	Ending Date

Professional Development opportunities that I plan to attend to meet ChildNet Certification renewal requirements are as follows:

Professional Development	Date	Hours

Signature of Program Representative	Date
Signature of CCR&R Child Care Consultant	Date

White copy - CCR&R Yellow copy - Child Care Program