

# CHILDNET CERTIFICATION AGREEMENT



I, \_\_\_\_\_, have read and agree to abide by the attached  
*(Print Provider Name)*

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 and Referral staff to contact DHS and the CACFP to verify my registration is current and that I am an active participant in the CACFP.

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Address	City	State	Zip	Telephone
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Child Development Home Registration A, B or C	Expiration Date	Registration Number
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Signature of Provider	Date
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Signature of Co-Provider (Child Development Home C)	Date
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Signature of CCR&R Representative	Date
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