

Signature of Authorized Signer





CENTER PARTICIPATION AGREEMENT

KinderCare Education™ Associate Degree Scholarship-Director

scholar employ	reement must be complete ship program for early chil ring child care center. In the ship I understand that the	dhood professione event that, er	onals, requires mployee	the participation	of each schola	arship recipient's
0	Pay 20% of the cost of tuition on a per semester basis for attendance at a community college. The center will be responsible for collecting the recipient's 10% and for paying the college the full 30 center will be responsible for paying the college within 30 days of receipt of an invoice.					
0	Pay the employee \$350 every year when at least 9 credits are completed.					
Name o	of Center:					
Center	Mailing Address (include c	ity and zip):				
County	·	License	#:	License Type: _		
Center Phone #: Email address (equired):				
Print Na	me of Authorized Signer		Title			

Date

INTERNAL USE: Revision Date 2/20/19