



## Completing the Early Learning Coalition CCEP Provider Participation Agreement

**Name of Business-** Common name of the business

**Business Address-** Complete mailing address including zip code.

**Telephone-** Telephone number of the business.

**Fax-**Enter the fax number for the business.

**E-mail-**Enter the e-mail address of the facility.

**Name of Authorized Representative-**Print the name of the person responsible for managing the CCEP program in the business.

**Title of Authorized Representative-** Print the title of the person responsible for managing the CCEP program in the business.

**Signature of Authorized Representative-** Signature of person responsible for managing the CCEP program in the business.

**Date-** Date form signed by authorized representative.

**Business Name-** Common name of business participating in CCEP.

**Slots Requested-**Number of children participating in the CCEP program.

Please review the form and fax to:

**CCEP, Early Learning Coalition of Miami-Dade/Monroe  
(305) 447-1608**