State of Illinois
Department of Human Services - Bureau of Child Care and Development

EMAIL AGREEMENT

Please complete this form and **KEEP A COPY FOR YOUR RECORDS.**
RETURN TO YOUR CHILD CARE RESOURCE AND REFERRAL AGENCY (CCR&R) listed below.

☐ I AM THE PROVIDER (complete only the provider section)

☐ I AM THE PARENT/GUARDIAN (complete only the parent/guardian section)

☐ PLEASE SEND CORRESPONDENCE VIA THE U.S. POSTAL SERVICE (NOT EMAIL)

☐ NEW EMAIL ADDRESS

☐ CHANGE MY EMAIL ADDRESS

CHILD CARE PROVIDER INFORMATION
(please print clearly)

Name: _____

DBA: _____

Address: _____

City, St, Zip: _____

SSN/FEIN: _____

Email: _____

PARENT/GUARDIAN INFORMATION
(please print clearly)

Name: _____

Address: _____

City, St, Zip: _____

Case #: _____

Provider: _____

Email: _____

By signing this agreement, I certify that:

* I agree that I am responsible for all notices, letters, and/or forms sent to me by the program, regardless of how those correspndences are sent to me;
* I agree that the program will not send most notices, forms, and/or letters through the U.S. Postal system. Instead I understand that most program correspondence will be sent to me at the working email address that I have listed above;
* I will update my contact list so correspondence doesn't accidentally go into my SPAM folder;
* I will not receive "paper copies" of the email correspondence from the U.S. Post Office;
* All email or regular mail that I send to you will be accurate, complete, and binding; and
* I understand that it is my responsibility to ensure the email address I provide is valid and accurate. In the event that email correspondence is returned as "Undeliverable" to the program, it will be my responsibility to submit an updated and valid email address.

Child Care Provider Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

CCR&R: