

UA Life & Work Connections  
1125 N. Vine, 2<sup>nd</sup> Floor  
Tucson, AZ 85721-0155  
Phone 520-621-4365  
Fax 520-621-4474

2009/2010 Sick Child and Emergency/Back-Up Care Program  
Employee Registration Form

(Please Print Legibly. Sign and Return All Three Pages)

Tucson  Phoenix Employee Registrant

Employee Registrant's Full Name \_\_\_\_\_ EID # \_\_\_\_\_  
(Name provided will be listed as the primary service recipient for tax reporting purposes.)

Department Name/Address/PO Box \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ UA E-mail\* \_\_\_\_\_

My relationship to the child(ren) to be covered by the Program is:

Parent  Legal Guardian  Step Parent  Other \_\_\_\_\_

**Co-Registrant (if applicable)**

Co-Registrant's Full Name \_\_\_\_\_ This person is a UA  Student  Employee and  
this individual's relationship to the Registrant is:  Spouse  Partner  Other \_\_\_\_\_

If an *employee*, co-registrant's EID# \_\_\_\_\_

Department Name/Address/PO Box \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ UA E-mail\* \_\_\_\_\_

If a *student*, co-registrant's SID# \_\_\_\_\_

Academic College \_\_\_\_\_ and Status  Undergraduate  Graduate/Professional

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Other Phone \_\_\_\_\_ UA E-mail\* \_\_\_\_\_

Co-registrant's relationship to the child(ren) to be covered by the Program is:

Parent  Legal Guardian  Step Parent  Other \_\_\_\_\_

\*I give UA Life & Work Connections permission to contact me about its services and related information by using the  
provided email address (check one)  Yes  No

Children To Be Covered By The Program

(Use additional sheets if necessary, and indicate whether you have done so:  Yes  No)

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

**My signature on this form indicates that I have read and understand the content of this registration form and have completed the information in full:**

1. The Sick Child and Emergency/Back-Up Care Program (SCP/EBCP) provides caregivers who will come to your home to care for your children (birth through 12 years) when they are unable to attend school or well child care, and when there is an unscheduled interruption in regular school and/or child care arrangements. The “2009/2010 Sick Child and Emergency/Back-Up Care Program Guidelines” offers complete information regarding the operations, costs and use of the SCP/EBCP at <http://lifework.arizona.edu>. You may also contact UA Life & Work Connections’ Child Care and Family Resources at (520) 621-4365 to obtain a copy and to discuss the Program Guidelines content.
2. Please note that the SCP/EBCP is contingent upon funding. In order to best manage our limited resources and provide this service equitably across the campus population, Child Care and Family Resources is unable to guarantee the future availability of this service program.
3. The SCP/EBCP is intended as an alternative to other available Monday-Friday options. The SCP may not be used if a well spouse or other designated adult is at home and able to care for the sick child(ren). The EBCP cannot be used for care when children are out of school due to holidays or other planned school closures, nor for the time between the end of summer programming and the beginning of school. Please note that Child Care and Family Resources is unable to support any student requests for sick child and emergency/back-up care when UA classes are not in session, and unable to support employee requests for sick child and emergency/back-up care during the winter holiday closure. If your academic course work requires you to be on campus during official University holidays or winter closure, or if your job requires you to be at work and/or on-call during official University holidays or winter closure, please call our office at (520) 621-4365 with at least five (5) business days advance notice to discuss further. Please note that while enrollment in the SCP/EBCP may provide access to services, it cannot guarantee caregiver availability.
4. The SCP/EBCP is offered through The Choice Care Agency, Inc. (CCA) and CCA is directly responsible for the quality of service and the conduct of the caregivers. References to CCA throughout this registration form and throughout other SCP/EBCP information include CCA and any of its contracted vendor(s). CCA’s greater Phoenix area contracted vendor is Homewatch CareGivers. Neither CCA nor any other agency with whom The University of Arizona may contract to provide services under this program is affiliated with The University of Arizona.

(Proceed to Page 3)

## Acknowledgements and Understandings

1. I understand that I am contracting for services with CCA and not with The University of Arizona. I understand that references to CCA throughout this registration form and throughout other SCP/EBCP information include CCA and any of its contracted vendor(s).
2. I acknowledge that, in the course of requesting such services, I will be asked to provide specific, personal information to The University of Arizona in order to verify my active employee and/or student status, to process my request or to assist University entities in fulfilling their tax-reporting obligations.
3. I acknowledge that, as part of the registration process for the SCP/EBCP, I will be asked to provide personal information about my child(ren) directly to CCA to facilitate the provision of services at the time I request them. I agree to provide this information directly to CCA at the time I register for the SCP/EBCP, and I agree to update this information from time to time. I further agree that, if CCA requires updated information, The University of Arizona may provide such information to CCA directly.
4. I understand that I must register for the SCP/EBCP by returning my completed form to UA Life & Work Connections' Child Care and Family Resources, 1125 N. Vine, Room 211, Tucson, AZ, 85721 (mail and delivery) or by fax at (520) 621-4474. I understand that two registration forms - one University form and one Choice Care Agency, Inc. (CCA) form - are part of the SCP/EBCP usage process. I understand that I am requested to submit a completed "CCA Sick Child and Emergency/Back-Up Care Program Registration Form for The University of Arizona Students and Employees," available at <http://lifework.arizona.edu> directly to The Choice Care Agency by fax at (520) 320-7711.
- 5. To cancel services, I understand that I must cancel with CCA at least 1 1/2 hours before the caregiver's scheduled arrival. I also understand that if I cancel a service request *without giving this 1 1/2 hours' advance notice*, I must pay the full hourly amount (user cost and UA cost) for the requested number of care hours. I understand that any outstanding balance due to cancellation must be paid on a timely basis and before placing the next service request. I understand that I am to call (520) 322-6966 to cancel services. I understand that I may cancel my request for care 24 hours a day via telephone at (520) 322-6966, and that CCA requests as much notice as possible when canceling a request.**
6. I understand that The Choice Care Agency Inc. has implemented the following program requirement: a working oral or ear thermometer must be present in the home in order to receive sick child care services from The Choice Care Agency, Inc. CCA representatives have advised that services may be denied if a thermometer is not available.
7. I understand that use of this sick child and emergency/back-up care subsidy may be subject to income tax and that the value of the services received can affect any child care related tax credit. I understand that SCP/EBCP participants can expect to see the full costs of this benefit displayed on their Form W-2 Wage and Tax Statement rather than the actual amounts paid by them. I understand that this is not intended to be tax advice and that I should consult a professional tax advisor to determine optimal use of these services.
8. I understand that it is my responsibility to report any changes regarding my student and/or employee status, address or other relevant information to Child Care and Family Resources in a timely manner.
9. I agree to comply with all provisions of the SCP/EBCP Program Guidelines of The University of Arizona. I further understand that failure to comply may result in the Program vendor's decision to decline or terminate service.

Return all three (3) pages.

Registrant's Signature _____	Date _____
Co-Registrant's Signature _____ <input type="checkbox"/> Not Applicable	Date _____