How to Submit Support Professional TEACH Early Childhood Education Document

This form is only for Early Childcare Support Professionals that do not work inside of a childcare center.

1 Navigate to providerportal.dss.sc.gov/#/dece/teach-apps/stu...

⚠️ Alert! Note: Please be aware that you will have 72 hours to finish this application section. The section link will become invalid after 72 hours. It will be necessary to submit a new application if the link expires.

2 Enter your "Agency Name"

3 Enter your "Full Mailing Address"

4 Enter your "Phone Number and Fax Number"

5 Enter "First and Last Name"

Provider Portal

Disney World

Mailing Address *
36 Disney Lane

City *   State *   Zip *
Greenville   SC   29607

Phone Number *   Fax Number *
8642508581   2508581
                                Agency Fax Number is not valid.

Sponsoring Agency Agreement Statement

I agree to:

A. Provide the recipient a flexible work schedule to attend classes;

B. Provide SC Endeavors with demographic information about the agency, upon request, to satisfy reporting requirements to funding agencies;

C. Notify SC Endeavors within 10 days of any changes of recipient's employment status. :

Signature First Name: *   Signature Last Name: *   Email Address: *

Please sign in the space provided below by left clicking and moving your mouse *

Clear

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6 Enter your "Email Address"

Provider Portal

Disney World

Mailing Address *
36 Disney Lane

City *   State *   Zip *
Greenville   SC   29607

Phone Number *   Fax Number *
8642508581   8642508581
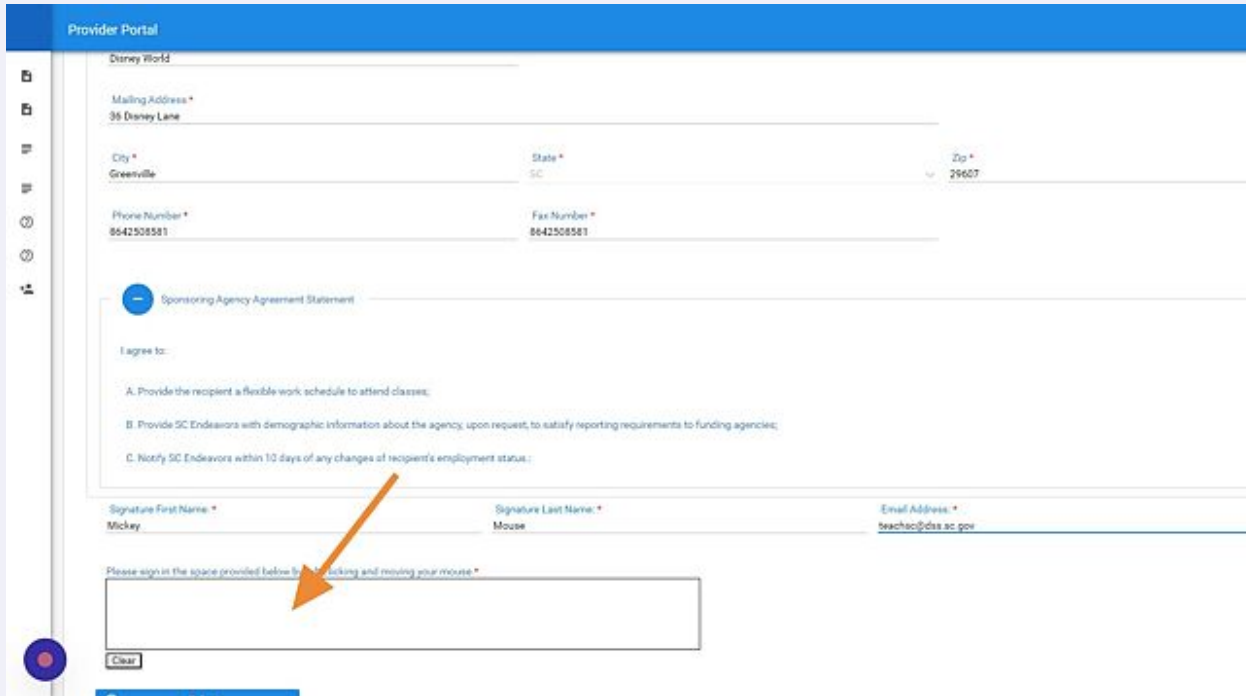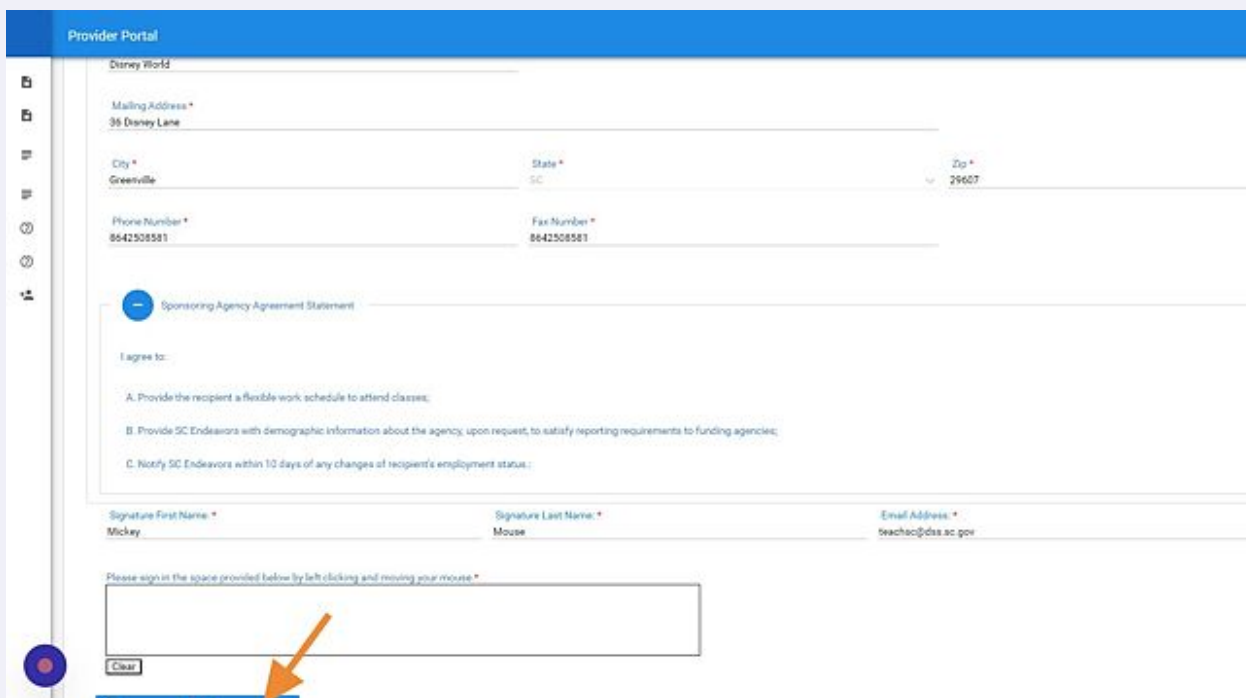
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Signature First Name: *   Signature Last Name: *   Email Address: *
This field is required.

Please sign in the space provided below by left clicking and moving your mouse *

Clear

7 Sign form electronically

8 Click "Submit"

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