

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"

Provider Portal

Reference Number: ISFM000025 To be completed by family/group providers ONLY
Exempt

*** If you are unable to submit application, please recheck to ensure all fields are completed. ***

SPONSORING AGENCY INFORMATION

To be completed by sponsor's agency supervisor:

Agency Name *

Mailing Address *

City * State * Zip *

Phone Number * Fax Number *

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.

3 Enter your "Full Mailing Address"

Provider Portal

Reference Number: ISFM000025 To be completed by family/group providers ONLY
Exempt

*** If you are unable to submit application, please recheck to ensure all fields are completed. ***

SPONSORING AGENCY INFORMATION

To be completed by sponsoring agency supervisor:

Agency Name *

Mailing Address *

City * State * Zip *

Phone Number * Fax Number *

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.

4 Enter your "Phone Number and Fax Number"

Provider Portal

Reference Number: ISFM000025 To be completed by family/group providers ONLY
Exempt

*** If you are unable to submit application, please recheck to ensure all fields are completed. ***

SPONSORING AGENCY INFORMATION

To be completed by sponsoring agency supervisor:

Agency Name *
Disney World

Mailing Address *
36 Disney Lane

City * Greenville State * SC Zip * 29607

Phone Number * Fax Number *

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.

5 Enter "First and Last Name"

Provider Portal

Disney World

Mailing Address *
35 Disney Lane

City * Greenville State * SC Zip * 29607

Phone Number * 8642508581 Fax Number * 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

6 Enter your "Email Address"

Provider Portal

Disney World

Mailing Address *
35 Disney Lane

City * Greenville State * SC Zip * 29607

Phone Number * 8642508581 Fax Number * 8642508581

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 *

This field is required.

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

Clear

7 Sign form electronically

Provider Portal

Disney World

Mailing Address *
35 Disney Lane

City * Greenville State * SC Zip * 29607

Phone Number * 8642508581 Fax Number * 8642508581

Sponsoring Agency Agreement Statement

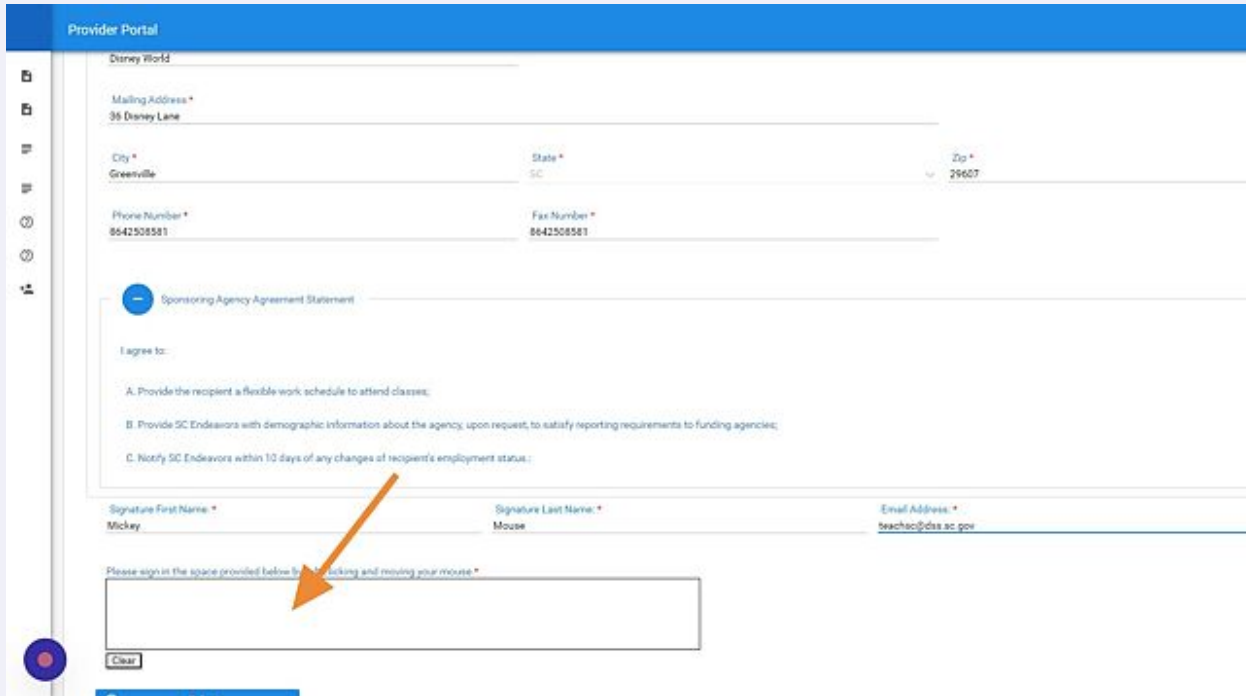
I agree to:

- 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 * Mickey Signature Last Name * Mouse Email Address * teachac@das.sc.gov

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

Clear



8 Click "Submit"

Provider Portal

Disney World

Mailing Address *
35 Disney Lane

City * Greenville State * SC Zip * 29607

Phone Number * 8642508581 Fax Number * 8642508581

Sponsoring Agency Agreement Statement

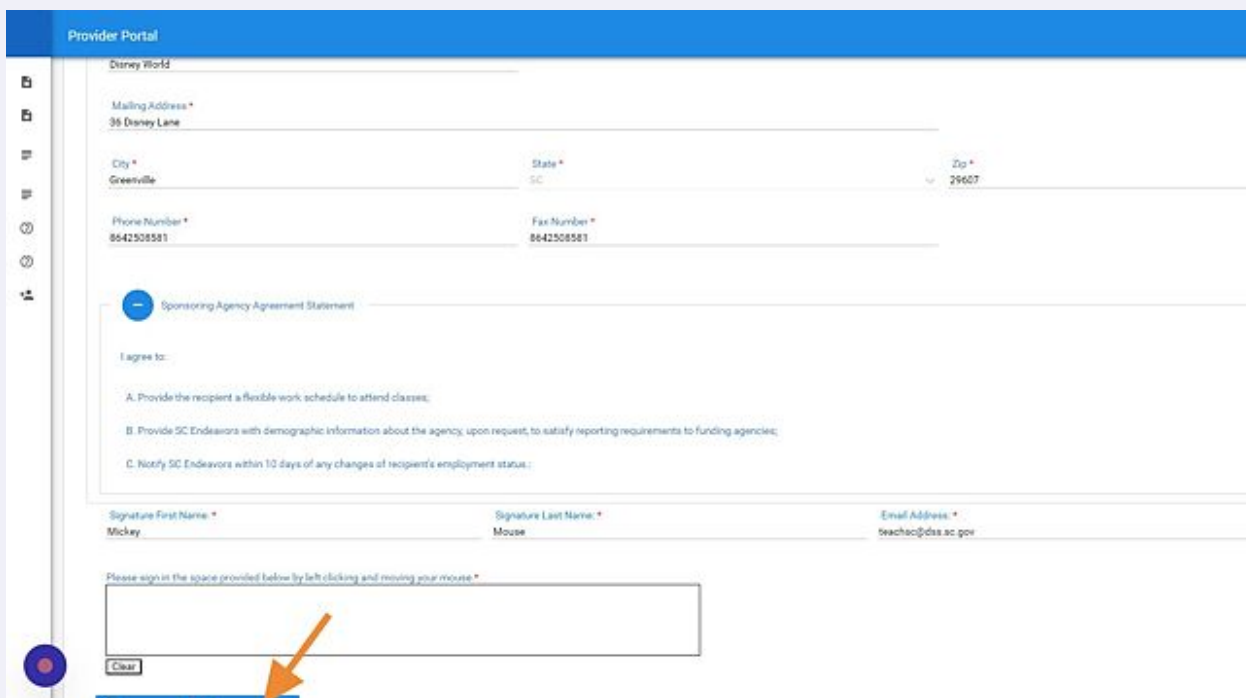
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Signature First Name * Mickey Signature Last Name * Mouse Email Address * teachac@das.sc.gov

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Clear





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