

SCC CEL Confidentiality Forms

CEL 1A and CEL 1B



**To be signed by each
Santa Clara County
State Subsidized Child Development
Contractor staff member designated as a CEL
User.**

**CEL 1A countersigned by 4C Council CEL
Administrator**

**BOTH ORIGINALLY SIGNED FORMS TO BE
KEPT IN 4C COUNCIL CEL MASTERFILE**

**Santa Clara County CEL User Registration
for Santa Clara County
State Subsidized Child Development Contractors**

Please complete all sections by entering the information into the appropriate fields. Signatures and dates are required prior to submission. Complete one registration form for each authorized user.

User Name: , , (Last, First, Initial)		Telephone Number: Fax: E-mail: _____										
Agency Name:		Corporate Address:										
City:	Zip Code:											
Child Development Contract Type: (Check all that apply)												
<table border="0"> <tr> <td><input type="checkbox"/> General Child Care</td> <td><input type="checkbox"/> Alternate Payment Program</td> </tr> <tr> <td><input type="checkbox"/> Campus</td> <td><input type="checkbox"/> Family Child Care Network</td> </tr> <tr> <td><input type="checkbox"/> SAPID</td> <td><input type="checkbox"/> State Preschool</td> </tr> <tr> <td><input type="checkbox"/> Latchkey</td> <td><input type="checkbox"/> Head Start</td> </tr> <tr> <td><input type="checkbox"/> Migrant</td> <td><input type="checkbox"/> Other (specify) _____</td> </tr> </table>			<input type="checkbox"/> General Child Care	<input type="checkbox"/> Alternate Payment Program	<input type="checkbox"/> Campus	<input type="checkbox"/> Family Child Care Network	<input type="checkbox"/> SAPID	<input type="checkbox"/> State Preschool	<input type="checkbox"/> Latchkey	<input type="checkbox"/> Head Start	<input type="checkbox"/> Migrant	<input type="checkbox"/> Other (specify) _____
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Site Name:		Site Address:										
Site Phone Number:		City:										
Site Fax Number:		Zip Code:										

By signing this SCC CEL Registration Request Form, I acknowledge I have read, understood, and agree to the terms and conditions in the SCC CEL User Responsibility Statement regarding the confidentiality of information and the consequences of unauthorized or illegal disclosure.

User Signature	Date:	Print Name:
4C CEL Administrator/Authorized Signature		Date:

Please note:

- **Registrations submitted without all of the required information or signatures will be returned for completion.**
- **Please keep a copy of this form for your records and future reference.**
- **Send registration form to: CEL Administrator, 4C Council, 111 East Gish Road, San Jose, 95112.**
- **Faxed registrations will not be accepted.**

*******For Office Use Only*******

User ID #:	Password:	Security Level:
Entered by:		Date:
Changed by:		Date:
Closed by:		Date: