



## How To Register for Camp Jazzle with CAP Scholarship

### 1. Log into your CAPS account: [Georgia Gateway \(CAPS\)](#)

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Your path to Social Services benefits.

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Login

Please enter User ID and Password to log into your Gateway account. If you need to create a new account, select the 'Create New Account' hyperlink.

\* User ID

\* Password

**Login Now**

**Exit**

[Forgot User ID?](#)   [Forgot Password?](#)  
[Create New Account](#)

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### 2. Select Report My Changes

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Hello, [redacted] you are logged in.

**Manage My Account** **Logout**

[Back To Case Selection](#) **Report My Changes** | [Case Closure](#) | [Upload Documents](#)  
| [Apply for Benefits](#)

**My Benefits**   **Submitted Applications, Renewals and Changes**

#### Benefits Summary

Currently, you are receiving notices through Email and Text Message. If you wish to change this notification method, [click here](#).

**Case Information**

This information is current as of Wednesday, February 28, 2024. If you made any changes in your case within the last 24 hours, please allow time for this information to be processed into the system. Please check back later.

The following content in the table lists case information and link to view notices for the Primary Individual.

Case Number	Head of Household	Scheduled Appointments	My Notices	Pending Verifications
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

**My Benefits**

The following content in the table lists the benefits status for the Primary Individual and allows viewing of specific details by selecting the link.

Benefits	Status	Details	Referrals
Child Care	Approved	<a href="#">Click here to View the Details</a>	

### 3. Select Childcare Activity OR Add a child to your CAPS case

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Hello, [Redacted]

#### Report My Changes

Keep in mind that you should only report changes that have already happened or are going to happen within the next 30 days.  
Welcome to Report My Changes! As part of the getting benefits, you may need to tell your worker if you have changes in your household, your income and/or your bills. This tool will help you report those changes.

For most changes, you will need to mail, fax, or bring proof to your worker within 10 days of when your agency asks for it. Without this proof, your changes cannot be made and your benefits may end. [Select here to read more about the kinds of proof you may need to give to your worker.](#)

Changes will be saved for 24 hours. If the change is not submitted within 24 hours, the change will be deleted and you will need to start over.

**Report My Changes**

Please check the boxes for all of the changes that you want to report.

- Your address, email or phone has changed.
- Someone has moved out of your home.
- Someone has moved into your home.
- Someone's personal information has changed, such as name, date of birth, SSN, where they live, citizenship or immigrant status, got married or divorced, plan to start or stop filing taxes, or became disabled.
- Someone had a change in household relationships.
- Someone had a change in pregnancy or postpartum period or breastfeeding.
- Someone has a change in disability status.
- Someone had a change in caretaker.
- Someone had a change in Medicare, Other Health Coverage, Nursing Home, School Enrollment, or other household information.
- Someone's liquid resources have changed.
- Someone had a change in other resources such as Life Insurance, Vehicle, Real Estate or Business Assets.
- Someone had a change in job, self-employment, income and/or work hours.
- Someone had a change in income other than a job.
- Someone's housing or utility bills changed.
- Your Authorized Representative's information has changed.

**Report Changes to Childcare**

- Childcare Provider Change or Type of Care Change.
- Childcare Activity Change.
- Add a child to your CAPS case.

### 4. Select Child

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Hello, [Redacted] 90% Complete

Start Resources Income Bills Needs Assessment **Finish & Submit**

Child Care Provider Finish & Submit

#### Child Care Provider Selection Summary

Fields marked with ( \* ) are mandatory, and must be filled out before continuing with your application.

**Provider Selection**

\* Please check the box (or boxes) to tell us for whom you would like to select Child Care Provider. Otherwise, check "No selection at this time".

Previous Save and Exit Next

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### 4. Select Add Provider

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Hello, [Redacted] 90% Complete

Start Resources Income Bills Needs Assessment **Finish & Submit**

Child Care Provider Finish & Submit

#### Child Care Provider Selection Details

Fields marked with ( \* ) are mandatory, and must be filled out before continuing with your application.

**Child Care Provider Selection**

Families can select a provider in the table below.

The information is populated based on the provider you selected for BRIELLE. Select "Add Provider" button to select a new provider. Select the pencil icon to modify the provider selection or select the x icon to remove the provider selection.

The following contents of the table list the provider information of the child.

Provider Name	Type Of Care	End Date	Edit	Remove

**Add Provider**

Previous Save and Exit Next

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## 5. Search Jazzle Dance Studio Zip code: 30339

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Hello, [Redacted]

**Start Resources Inco**

**Child Care Provider** Finish & [Redacted]

**Child Care Pr**

Fields marked with (\*) are mandatory, ar

**Child Care Provider Selection**

Families can select a pr

The information is popul

Provider" button to selec

selection or select the x

The following co

Provider Name
[Redacted]
Smyrna Vinings
Kompany Kids
Generation Infocus @ Heards Ferry
Creative World School Vinings
<b>Jazzle Dance Studio</b>
Right at School at Centerville Elementary
Nared Barbara J
KinderCare Learning Center #1197
Swafford Charmain
YMCA After School @ Heards Ferry Elementary
Pandey Rupa
Bailey Nazeeya M

**Provider Selection**

Enter Provider Zip Code dropdown. Dropdown va completing this table, yo provider has space to se

Provider Zip Code	Filter Providers
30339	Show Filtered Provider

Selected Provider Address

Please confirm that you have verifie above has the space to accommoda

I wish to select a provider no above

\* Provider Name

Contact Phone Number

Contact Email Address

Street Number and Name:

Apartment, Suite, Unit, Build

City

State:

## 6. Select: Full Time Care End Date 8/1/2024

Fields marked with (\*) are mandatory, and must be filled out before continuing with your application.

**Child Care Provider Selection**

Families can select a provider in the table below.

The information is populated based on the provider you selected for BRIELLE. Select "Add Provider" button to select a new provider. Select the pencil icon to modify the provider selection or select the x icon to remove the provider selection.

The following contents of the table list the provider information of the child.

Provider Name	Type Of Care	End Date	Edit	Remove
[Redacted]				

**Add Provider**

**Provider Selection**

Enter Provider Zip Code and select Show Filtered Providers button to enable the Provider dropdown. Dropdown values are populated based on the zip code provided. After completing this table, you can confirm using the checkbox that you have verified this provider has space to serve your child.

Provider Zip Code	Filter Providers	Select a Provider
30339	Show Filtered Provider	Jazzle Dance Studio

Selected Provider Address

3155 Cobb Pkwy SE  
Atlanta, GA, 30339

Please confirm that you have verified that the provider you chose above has the space to accommodate your child.

I wish to select a provider not listed in the dropdown above  Yes  No

\* Provider Name

Contact Phone Number

Contact Email Address

Street Number and Name:

Apartment, Suite, Unit, Building, Floor, etc.:

City

State:

Zip Code:

\* Is your child enrolled in Georgia Pre-K?  Yes  No

\* What type of care would you like to request for [Redacted]

Full Time Care  
 Before and After Care  
 Part Time Care  
 Variable (School Age - All Care Types)

What is the anticipated end date? **8/1/2024** Ex: MM/DD/YYYY

**Save** **Cancel**

**Previous Save and Exit Next**

## 7. Jazzle Dance Studio should be added by as a Provider Select Next. Complete additional prompts until completed

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Hello [redacted] are logged in. 90% Complete

Start Resources Income Bills Needs Assessment **Finish & Submit**

Child Care Provider Finish & Submit

### Child Care Provider Selection Details

Fields marked with ( \*) are mandatory, and must be filled out before continuing with your application.

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Families can select a provider in the table below.

The information is populated based on the provider you selected for BRIELLE. Select "Add Provider" button to select a new provider. Select the pencil icon to modify the provider selection or select the x icon to remove the provider selection.

The following contents of the table list the provider information of the child.

Provider Name	Type Of Care	End Date	Edit	Remove
Jazzle Dance Studio	Full Time Care	06/03/2024		

**Add Provider**

**Next**

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## 6. Create a parent portal account: [Parent Portal](#)

### Next Steps:

- CAPS will inform Jazzle Dance Studio of your enrollment
- Jazzle Dance Studio will register your dancer for Camp Jazzle
- You will receive an email confirmation

**During Camp:** Sign into CAPS attendance sheet at front desk

Camp Jazzle Information Packet: [Camp Jazzle Brochure](#)