

PROVIDER SERVICE AGREEMENT INFORMATION FORM

CHILD CARE PROVIDER TYPE: Center Family Child Care After School Program
(Check all that applies) License Exempt Faith Based Informal Provider

Federal ID or SSN: _____

Child Care Provider's Name (dba): _____

Name of Person filling out form: _____ Title: _____

NAME AND CORPORATION MUST MATCH CHILD CARE LICENSE

Owner's Name: _____ Director's Name: _____

Corporate Name: _____

Child Care License number: _____

Corporate Status: Private Non-Profit Public Private For-Profit

Child Care Provider's Phone #: _____ Child Care Provider's Fax #: _____

Site Address: _____

City: _____ Zip Code: _____

Mailing Address: If different from above: _____

City: _____ Zip Code: _____

E-mail: _____

After Hours Emergency Address: _____

Contact Person: _____ Phone: _____

Exempt Information: License Exempt Number: _____ Expiration Date: _____
If licensed EXEMPT, provide documentation of this exempt status, be sure to NOTE on Certificate turned in that this is your exempt certificate

Ages Served: **From** (minimum age) _____ **To** (maximum age) _____

SCHEDULE: MUST MATCH CHILD CARE LICENSE

What are your **Hours of Operation?** **Open From:** _____ AM **To:** _____ PM

What are your **Days of Operation?** (Check appropriate box)

- | | |
|--|--|
| <input type="checkbox"/> Monday – Friday (5 Days per Week) | <input type="checkbox"/> Monday – Saturday (6 Days per Week) |
| <input type="checkbox"/> Monday – Sunday (7 Days per Week) | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Night Care | <input type="checkbox"/> 24 Hour Child Care |
| | <input type="checkbox"/> Drop In |

**BY SIGNING BELOW I AGREE AND UNDERSTAND ALL THE INFORMATION PROVIDED IN THIS PACKET.
OWNERS, DIRECTORS AND CEOs ARE ONLY ALLOWED TO COMPLETE THIS PACKET.**

Provider's Signature: _____ Title: _____

PRINT Provider's Name: _____ Date: _____