

CHILD CARE and DEVELOPMENT FUND PROVIDER INFORMATION PAGE (V10-14)

Parent (Guardian) Name _____ Date Completed: _____

Caregiver's Name _____ Business Name (if applicable) _____

Street Address (*where care is provided*) _____

City _____ Zip _____ County _____

Social Security or EIN Number (last 4 digits only) _____

Phone () _____ Fax () _____

Hours of Operation _____ Days (*Please circle*) S M Tu W Th F S

Type of Provider	
<input type="checkbox"/> Licensed Home	License # _____
<input type="checkbox"/> Licensed Center	License # _____
<input type="checkbox"/> Registered Ministry	Registration # _____
<input type="checkbox"/> License Exempt Home	
<input type="checkbox"/> License Exempt Facility	
<input type="checkbox"/> Providing care in child's home	

Child's Name (<i>first & last</i>)	Child's Age Years / Months	Kindergarten <i>Indicate</i> HD = ½ Day FD = Full Day	Current Charges Week / Day / Hour			Charges for Child's Next Age Group Week / Day / Hour			Charges for School Age Break Vouchers Week / Day / Hour			Provider's Current Paths to QUALITY™ Level

Are you related to the children listed above? _____ If yes, explain _____

FOR SCHOOL AGE AND KINDERGARTEN FULL-DAY CARE

School Year Begins _____ Ends _____

Does school-age child need break care vouchers? _____ No _____ Yes
If yes, a school schedule must be provided.

CHILD CARE PROVIDER AFFIRMATION

I affirm the information provided on this application form is true and correct. Further, I affirm child care will be provided at the address listed above and agree to comply with the rules and regulations of the CCDF program. (Available on www.childcarefinder.in.gov)

By signing this application, I certify I am the individual listed above or the authorized designee.

Provider Signature _____

PLEASE NOTE: Eligible providers must demonstrate compliance with CCDF Minimum Standards prior to participation in this program.

Parent / Guardian: Your caregiver must complete this information in its entirety. Your CCDF provider must allow unscheduled visits by a parent or legal guardian to their child care program during the hours the child care program is in operation. Please bring the completed form to your appointment to assist in prompt completion of your child care vouchers. If you wish to make a provider change, you must obtain new vouchers prior to attendance or payment for care may become your responsibility.

FOR PROVIDER CHANGES: Parent must sign form to authorize any changes to the voucher.

Parent Signature _____

Requested Date of Provider Change: _____

If you have any questions, please contact

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Fax (812) 423-3399 / toll free fax 1-866-503-5970