

**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 (first & last) | Child's Age<br>Years / Months | Kindergarten<br><i>Indicate</i><br>HD = ½ Day<br>FD = Full Day | Current Charge<br>(List charges for School-Age School Year)<br>Week / Day / Hour |  |  | Charge<br>for next age group<br>(If child is currently 2 list charge at age 3)<br>Week / Day / Hour |  |  | School-age<br>(List charges for summer/evening care)<br>Week / Day / Hour |  |  | Provider's<br>Current<br>Paths to<br>QUALITY™<br>Level |
|-----------------------------|-------------------------------|--|--|--|--|---|--|--|---|--|--|--|
|                             |                               |  |  |  |  |   |  |  |   |  |  |  |
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**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.*

**Are you related to the children listed above? \_\_\_\_\_ If yes, explain \_\_\_\_\_**

**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.

**PROVIDER:** Please complete all information and sign the form in the box to the left.

**If you have any questions, please contact**  
**Chances And Services for Youth**  
 1101 S. 13<sup>th</sup> Street, 2<sup>nd</sup> Floor  
 Terre Haute, IN 47802  
 812-232-3952 or 800-886-3952  
 Fax: 812-232-1731

**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](http://www.childcarefinder.in.gov). I also understand I must allow unscheduled visits by a parent or legal guardian to my child care program during the hours my child care program is in operation. In signing this application, I certify I am the individual listed above or the authorized designee.

Signed, \_\_\_\_\_