

Parent/Guardian Name (s): \_\_\_\_\_

**Day Care Provider Information**

For assistance in finding a child care provider, please call Child Care Solutions at 1-888-729-7290

**Primary Day Care**

Provider Name: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

Phone Number: \_\_\_\_\_

Child Care Location: \_\_\_\_\_  
 \_\_\_\_\_

Provider Start Date: \_\_\_\_\_

Provider Social Security #: \_\_\_\_\_

Provider Date of Birth: \_\_\_\_\_

**Back-Up Day Care**

Provider Name: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

Phone Number: \_\_\_\_\_

Child Care Location: \_\_\_\_\_  
 \_\_\_\_\_

Provider Start Date: \_\_\_\_\_

Provider Social Security #: \_\_\_\_\_

Provider Date of Birth: \_\_\_\_\_

*If your Provider is a licensed provider: Please disregard date of birth and social security number, as they are already on file.*

**Provider Relationship to Child:**

\_\_\_\_\_

**Provider Relationship to Child:**

\_\_\_\_\_

Child Name:

Age:

Hours in Care per Week:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*\*Child Care can be provided up to the child's 13th birthday.*

**Schedule of Child Care**

*Write the earliest drop-off time and the latest pick-up time.*

	<i>circle</i>		<i>circle</i>	<i>Hrs/Day</i>
Monday		AM or PM	AM or PM	
Tuesday		AM or PM	AM or PM	
Wednesday		AM or PM	AM or PM	
Thursday		AM or PM	AM or PM	
Friday		AM or PM	AM or PM	

Saturday		AM or PM		AM or PM	
Sunday		AM or PM		AM or PM	
				<i>Total Hours per Week</i>	

## Provider Information

**Provider Name:** \_\_\_\_\_

**Child Care Location:** \_\_\_\_\_

**Provider Social Security #:** \_\_\_\_\_

**Provider Date of Birth:** \_\_\_\_\_

*If your Provider is a licensed provider: Please disregard date of birth and social security number, as they are already on file.*

**Provider Relationship to Child:** \_\_\_\_\_

Child Name: \_\_\_\_\_ Age: \_\_\_\_\_

Child Name: \_\_\_\_\_ Age: \_\_\_\_\_

Child Name: \_\_\_\_\_ Age: \_\_\_\_\_

Child Name: \_\_\_\_\_ Age: \_\_\_\_\_

Child Name: \_\_\_\_\_ Age: \_\_\_\_\_

Child Name: \_\_\_\_\_ Age: \_\_\_\_\_

### **Schedule of Child Care**

*Write the earliest drop-off time and the latest pick-up time.*

		<i>circle</i>		<i>circle</i>	<i>Hrs/Day</i>
Monday		AM or PM		AM or PM	
Tuesday		AM or PM		AM or PM	
Wednesday		AM or PM		AM or PM	
Thursday		AM or PM		AM or PM	
Friday		AM or PM		AM or PM	
Saturday		AM or PM		AM or PM	
Sunday		AM or PM		AM or PM	

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*Total Hours  
per Week*

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