

C.A.R.E. Child Care Provider Information Sheet

I, _____ provide child care for the child/
children of Ms./Mr. _____. The care provided will
me in my/their home at _____, telephone #
_____. I understand that a two (2) week prior notice
is to be given for child care to be determined. I will receive a grant.

Date services began: _____

Child Care License # (If Applicable): _____

Child Care License Expiration Date: _____

Provider Signature: _____

What is your relationship to the child/children (if any): _____

Name of Child/Children	Age	D.O.B.
1. _____		
2. _____		
3. _____		
4. _____		

I certify that the above information is true and correct. _____
Parents Signature

Photo Copy

Picture I.D.

Social Security Card