

**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**

Licensed Home

Licensed Center

Registered Ministry

License Exempt Home

License Exempt Facility

Providing care in child's home

License # \_\_\_\_\_

Registration # \_\_\_\_\_

Child's Name (first & last)	Child's Age Years / Months	Kindergarten en Indicate HD = 1/2 Day FD = Full Day	Current Charge (List charges for School- Age School Year) Week / Day / Hour	Charge for next age group (If child is currently 2 list charge at age 3) Week / Day / Hour	School-age (List charges for summer/evening care) Week / Day / Hour	Provider's Current Paths to QUALITY™ Level

**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.

**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, \_\_\_\_\_

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

RIVER VALLEY RESOURCES- 800 EAST 8TH STREET, NEW ALBANY IN 47150  
(812)949-4381  
(812)949-5283 (FAX)

**CHILD CARE AND DEVELOPMENT FUND VOUCHER PROGRAM**  
**Provider (Employer) – Parent (Employee) Statement (v2-16)**

➡ If the Provider (Employer) is **CCDF Eligible** and is a **Licensed Center or Legally License Exempt Facility, including a Registered Child Care Ministry**, please read and initial each statement acknowledging your understanding of CCDF Policy 2.11.4.

Parent Initial	Provider Initial
-------------------	---------------------

_____	_____	A childcare provider is ineligible to receive CCDF payments when a child's parent/step-parent/guardian is employed by the provider and the parent/step-parent/guardian is responsible for their own child for any part of the child care day.
-------	-------	---

_____	_____	The child's parent/step-parent/guardian <b><u>MAY NOT</u></b> be in the same room or outdoor play area as their child for any part of the child care day.
-------	-------	---

We have read and understand the above statements. Our signatures on this form acknowledge our compliance.

Parent/Step-Parent/Guardian Name (Printed)	Parent/Step-parent/Guardian Signature	Date
--	---------------------------------------	------

<i>Please print</i> Facility Name (Employer)	Facility Owner/Director Signature	Date
--	-----------------------------------	------

➡ If the Provider (Employer) is a **CCDF Eligible Licensed Child Care Home**, the parent/step-parent/guardian **MAY NOT** work at the home where their child attends. (CCDF Policy 2.11.4)

Parent's work site address/ license # \_\_\_\_\_

Child name(s) \_\_\_\_\_

Child attends site address/license # \_\_\_\_\_

Child name(s) \_\_\_\_\_

Child attends site address/license # \_\_\_\_\_

Parent/Step-parent/Guardian Printed Name	Parent/Step-parent/Guardian Signature	Date
--	---------------------------------------	------

Provider (Employer) Printed Name	Provider (Employer) Printed Name	Date
----------------------------------	----------------------------------	------