

CHILD CARE ASSISTANCE PROVIDER FORM

To be completed by the provider. If you have questions about this form, please contact

_____ at _____ fax _____.

II. Child Care Provider's Name: _____

Provider Address: _____

Provider County: _____

Provider Phone #: _____

Provider Social Security Number/Federal Tax ID #: _____

Check the provider type:

_____ Licensed family home: County licensed in _____
Care provided in _____ my home; _____ child's home. DHS License # _____

_____ Licensed center – DHS License # _____

_____ Legal non-licensed provider (Please complete the attached Legal, Unlicensed Child Care Provider Registration Application.)

Care provided in _____ my home; _____ child's home.

Related to family? _____ yes _____ no

_____ School district before/after school program School District # _____

Are you accredited? Yes ___ No ___ Type _____ Begin date _____ End date _____

II. Parents Name _____

List the children for whom you provide care and the days/hours they are in your care.
Complete a separate line for each child.

Child's Name	Start Date	Days in Care (M,T,W,TH,F,S,Su)	Time In (not hours of operation)	Time Out
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

☐ Service Center Cottage Grove
13000 Ravine Parkway
Cottage Grove, MN 55016
Phone: 651-430-4159
Fax: 651-430-4157

☐ Service Center Forest Lake
19955 Forest Road N
Forest Lake, MN 55025
Phone: 651-275-7260
Fax: 651-275-7263

☐ Government Center
14949 62nd St N P.O. Box 30
Stillwater, MN 55082-0030
Phone: 651-430-6455
Fax: 651-430-6605

☐ Service Center Woodbury
2150 Radio Drive
Woodbury, MN 55125
Phone: 651-275-8650
Fax: 651-275-8682

Washington County Child Care Assistance Provider Form

School Age Child Schedule (if applicable):

Hours of school operation: _____

Date of last day of school: _____

	Before School		After School	
Child's Name	Time In	Time Out	Time In	Time Out
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

III. Provider Certification

I attest that all of the information that I have provided on this form is true and accurate to the best of my knowledge. I understand that I will receive notification of the date that I am eligible to receive reimbursement from Washington County Child Care Assistance for this child(ren) if the parent is found to be eligible for assistance. I will receive instructions and information regarding how to file a claim for reimbursement with that notification. Any charges incurred by this family that are not authorized by Washington County Child Care Assistance are the responsibility of the parent.

Provider Signature _____ Date _____