

# CHILD CARE PROVIDER FORM

This Form MUST be completed by the PARENT/ GUARDIAN and CHILD CARE PROVIDER and returned to:  
Chemung County Child Care Council Inc. 1580 Lake Street Suite 200, Elmira New York 14901

## TO BE COMPLETED BY PARENT /GUARDIAN:

Parent Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

This is my **ONLY** provider: YES \_\_\_\_\_ NO \_\_\_\_\_

If no, list other provider \_\_\_\_\_

If more than one provider which provider will receive your parent fee \_\_\_\_\_

## TO BE COMPLETED BY PROVIDER:

Providers Name: \_\_\_\_\_ Telephone \_\_\_\_\_

Member of Household members 18 Years or OLDER: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## ADDRESS WHERE CARE IS GIVEN: (IF DIFFERENT FROM ABOVE)

Street \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Please list ALL children in your care below:

Childs Name	Sex M/F	Date of Birth	Start Date	Relationship to child

SIGNATURE OF PROVIDER \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF  
PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_