



CHEMUNG
COUNTY
CHILD CARE
COUNCIL, INC.

Leading The Way To Child Care That Works

1580 Lake Street – Suite 200 Elmira, New York 14901 (607) 734-3941 Fax: (607) 737-7293

CHILD CARE PROVIDER FORM

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 care on this parents' case below:

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

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

Provider Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____