Provider Registration

Provider Type:

- ☐ Child Care Center
- ☐ Relative Provider: (grandparent, aunt/uncle)
- ☐ In-Home Provider

Please Turn in Following Documents (Unless Relative Provider selected above):

- ☐ Director's Credential
- ☐ PDL
- ☐ First Aid/CPR
- ☐ Food Handlers

Legal Name of Provider: _____

License Number: _____

Star program rating (if applicable): _____ (Must provide documentation)

Physical Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Mailing Address (if different from above): _____

City: _____ **State:** _____ **Zip Code:** _____

Contact Name: _____

Phone Number: _____ **Fax:** _____

Email: _____

Website: _____