



# Department of Early Education and Care

## CONFIRMATION OF PROVIDER

Once you have chosen the *child care provider* who will care for your child(ren), please have **the provider complete** and sign this form to help the completion of the voucher.

If you will be using more than one provider, use one form per provider. **All Providers Please Print Clearly.**

Parent Name: \_\_\_\_\_ Parent Contact Number: \_\_\_\_\_

Child #1: \_\_\_\_\_

Child #2: \_\_\_\_\_

Child #3: \_\_\_\_\_

Child #4: \_\_\_\_\_

Program Type: Child # 1: \_\_\_\_\_; Child # 2: \_\_\_\_\_; Child # 3: \_\_\_\_\_; Child #4: \_\_\_\_\_

Please use the following Program Type Abbreviations when completing the section above:

### Family Child Care:

NU (Under 2 w/ Independent Provider);

NO (Over 2 w/ Independent Provider);

SU (Under 2 w/ System Provider);

SO (Over 2 w/ System Provider);

### Center Based Child Care:

IN (Infant); TO (Toddler); PS (Preschool);

HS (Headstart); BA (Before & After School);

BS (Before School); AS (After School);

SCO (School Closures Only); SA (School Age – Summer Only)

## PROVIDER INFORMATION - To be completed by the Child Care Provider OR System Admin:

<b>What is your program/agency name, address and phone number?</b> <small>(Systems: Please write the providers Name, Physical Address, and then your agency)</small>	
<b>What is the <u>expected</u> date of enrollment for the child(ren)?</b>	
<b>What is the latest date the voucher can start and you will agree to take the child?</b> <small>(If the voucher must start after the date provided, the Child Care Resource and Referral Agency will contact you to confirm the opening. Otherwise, this form will serve as confirmation for the child to enroll)</small>	
<b>How many absences are you willing to accept prior to enrolling?</b> <small>Please refer to EEC's Attendance Policy</small>	
<b>Please circle one</b> <small>(Full time = full day    Part Time = half day up to 6 hours    INT = Full on Non School Days)</small>	<b>Full time    Part time    INT</b>
<b>Please circle the days care will be provided</b>	<b>Su Mo Tu We Th Fr Sa</b>
<b>Please circle one- Is the parent requesting transportation services to be included on the voucher?</b> <small>(Subject to approval by the Child Resource and Referral Agency)</small>	<b>No One Way Two Way</b>

This form is **NOT** confirmation that a voucher will be issued. Pursuant to your Voucher Agreement, you will only be reimbursed for enrolled children with a signed, current voucher. Children are not considered enrolled in subsidized care until the first day the child actually attends the program following the start date indicated on the voucher.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Provider/System Admin Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Provider/System Admin Name (Printed)

\_\_\_\_\_  
Provider Email