

Provider Checklist Center Based Programs

Please use this list to ensure all documentation is accounted for.

Name of Program: _____
(as it appears on your Program License)

_____ Provider Services Agreement

_____ Work Life Systems/WLS Profile

_____ Copy of Current EEC License/Funded Program Certificate

_____ Copy of Current Handbook

_____ Contact Information Sheet

_____ W-9

_____ Holiday/Closure Form (be sure to read the instructions)

_____ Provider Rate Statement

_____ Transportation Contract & Rates (if applicable)

_____ Direct Deposit form and Voided Check

****All forms must be filled out completely and emailed, faxed, mailed, or dropped off to:**

Seven Hills Child Care Resources

799 West Boylston St, Worcester MA 01606

1480 John Fitch Hwy., Fitchburg, MA 01420

The Cooper Center - 116 North Street, 1st Floor Pittsfield, MA 01201

95 Elm St., 3rd Floor West Springfield, MA 01089

21 Mohawk Trail Unit 4, Greenfield, MA 01301