



Provider Information Sheet

As part of your enrollment through the Eligibility List into the subsidized child care program, we are required to have information on the provider you have selected for your child(ren). Early Care and Education (ECE) must have this information in order to process your enrollment packet. Please complete this form and return it to the assigned Community Assistant II.

If you have not yet selected a provider, please go to Online Referrals (secureweb.rcoe.us/ONLINEREF) to search for a provider or contact Resource & Referral (R&R) at RandR@rcoe.us or 800-442-4927.

Parent/Guardian's Name: _____

Child(ren)'s Name(s): _____

Provider Name: _____

Is your child already in care with this provider? Yes No

If no, please indicate the date you would like child care to begin: _____

If no, have you verified that this provider has space to serve your child? Yes No On the provider's wait list

Please note that parents are responsible for ensuring that the selected provider has a space available for the child(ren) needing services.

For unlicensed Family, Friend, or Neighbor (FFN) Providers, please indicate provider relationship to the child by marriage, blood relation, or legal adoption:

Grandparent Aunt Uncle Other relative: _____

Not related Licensed Child Care Provider (family child care home or child care center)

For Licensed Child Care Providers, please provide the child care license number: _____

Provider Phone Number: _____ Provider Address: _____

Provider Email: _____

Please note that the cost of care cannot be covered by ECE until the parent enrollment is completed and the provider has received child care certificates authorizing the start of services.

For Family, Friend, or Neighbor (FFN) Providers Only:

Provider Date of Birth: _____ Provider Driver's License or State ID: _____

Provider Address: _____

Address where child care will take place: _____

Provider Email: _____ Provider Phone Number: _____

Provider Languages Spoken: _____

Does FFN Provider have other children in the home? Yes No

For Office Use Only:

Guardian check complete

CARE ID: _____

APID number requested

APID number received

Megan's Law Check Complete

All required documents submitted

Input into CARE complete

All required documents scanned into CARE

Liaison informed of first day of care approval