

Child Care Resources

Camp Information Sheet (Fill out one per site)

Program Name and Site Location

Camp Name _____

Camp Director's Name _____

Address _____

Phone Number _____

City/Town _____

Zip _____

Fax Number _____

E-Mail Address _____

Website _____

EIN/Social Security Number _____

Hours of Operation _____

Mailing Address if Different

Address _____

City/Town _____

Zip _____

Contact Person for Billing

Name _____

Phone Number _____

E-Mail Address _____

Organizational Status: For Profit _____

Not for Profit _____