

**CHILD CARE RESOURCES  
VOUCHER PROVIDER CONTACT INFORMATION**

Please complete the following information:

Federal Tax ID# \_\_\_\_\_

**Program Name** (*as it appears on your EEC License*) & **Mailing, Billing & Payment Address:**

\_\_\_\_\_  
\_\_\_\_\_

**Program Telephone#** \_\_\_\_\_ **Fax#** \_\_\_\_\_

Name of Person Responsible for **Voucher Enrollment:** \_\_\_\_\_

Telephone \_\_\_\_\_ E-Mail \_\_\_\_\_

Name of Person Responsible for **Billing:** \_\_\_\_\_

Telephone \_\_\_\_\_ E-Mail \_\_\_\_\_

**Program Location, Name & Address:**

\_\_\_\_\_  
\_\_\_\_\_

**Name of Program Director:** \_\_\_\_\_

Telephone \_\_\_\_\_ E-Mail \_\_\_\_\_

**Name & Address of Parent Agency:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Name & Address of Executive Director:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Telephone of Executive Director:** \_\_\_\_\_

**E-mail of Executive Director:** \_\_\_\_\_

**Is your organization (circle one) For Profit Not For Profit**

Does your parent company have a **Basic Contract with EEC?** Yes No

If **YES**, in which **Region(s)**? ( ) 1 ( ) 2 ( ) 3 ( ) 4 ( ) 5 ( ) 6

Does your program provide transportation? (circle one) Yes No

**If yes, you must return a copy of your programs transportation policy.**

Does your program offer any discounted rates and if so please describe: sibling discount/employee discount.

Please note that these discounts are also applied to voucher rates. \_\_\_\_\_  
\_\_\_\_\_

**Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*\*\*Please note that it is your responsibility to report any changes to Child Care Resources\*\*\***