**Parent (Guardian) Name** ___________________________________________  
**Date Completed** ________________________________

**Caregiver’s Name** ___________________________________________  
**Business Name (if applicable)** __________________________________

**Hours of Operation** ___________________________________________  
**Days (Please circle)** S M Tu W Th F S

<table>
<thead>
<tr>
<th>Child’s Name (first &amp; last)</th>
<th>Child’s Age (Years / Months)</th>
<th>Kindergarten (Indicate)</th>
<th>Current Charge (List charges for School-Age School Year)</th>
<th>Charge for next age group (if child is currently 2 list charge at age 3)</th>
<th>School-age (List charges for summer/evening care)</th>
<th>Provider’s Current Paths to QUALITY™ Level</th>
</tr>
</thead>
<tbody>
<tr>
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<td>Week / Day / Hour</td>
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**FOR SCHOOL AGE AND KINDERGARTEN FULL-DAY CARE**

**School Year Begins** ________________ **Ends** ________________

**Does school-age child need break care vouchers?** ______ No ______ Yes  
*If yes, a school schedule must be provided.*

**Are you related to the children listed above?** ______ If yes, explain ____________________________

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**PROVIDER AFFIRMATION**

I affirm the information provided on this application form is true and correct. Further, I affirm child care will be provided at the address listed above and agree to comply with the rules and regulations of the CCDF program. 

(Available on www.childcarefinder.in.gov). I also understand I must allow unscheduled visits by a parent or legal guardian to my child care program during the hours my child care program is in operation. In signing this application, I certify I am the individual listed above or the authorized designee.

Signed, __________________________

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**PLEASE NOTE:** Eligible providers must demonstrate compliance with CCDF Minimum Standards prior to participation in this program.

**Parent / Guardian:** Your caregiver must complete this information in its entirety. Your CCDF provider must allow unscheduled visits by a parent or legal guardian to their child care program during the hours the child care program is in operation. Please bring the completed form to your appointment to assist in prompt completion of your child care vouchers. If you wish to make a provider change, you must obtain new vouchers prior to attendance or payment for care may become your responsibility.

**PROVIDER:** Please complete all information and sign the form in the box to the left.

If you have any questions, please contact