

Child Care Program/Provider Enrollment Application

Date: _____

Name, Address and Contact Information

Program/Provider Name: _____

Program/Provider Street Address: _____

City: _____ State: _____ Zip Code: _____

Federal Tax ID or Social Security #: _____

Primary Contact Person: _____ Phone: _____ Email: _____

Center Based Programs Only

Director's Name: _____ Email: _____

Schedule and Calendar

Days and Hours of Operation

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Holiday
Opening Time								
Closing Time								

Summer Session Information

Open All Year
 Open Summer Only
 Not Open During Summer

Center Based Programs Only: Holiday and Closure Schedule

Please indicate any annual closure dates for your program (e.g. New Years Day, Thanksgiving, etc.)

Cost of Care

Please indicate the rate charged for every age level you serve	INFANT 6 weeks- 24 months	TODDLER 18-24 months – under 3 years	PRESCHOOL 3 – 5 years	SCHOOL-AGE 6 – 12 years
Weekly (30 hours or more per week for 5 days or less)				
Daily (6-12 hours per day)				
Part-Day (0-6 hours per day)				

Location and Public Transportation

Cross Street: _____

Bus #: _____ Bus Stop: _____ Subway #: _____ Subway Stop: _____

School Pickup Information

Please list the name of any PK – Grade 12 schools that you provide after-school pick-up services from

1. _____ 2. _____ 3. _____

Special Services

Special Needs

Services provided

- Yes
- No

Languages Spoken

- Spanish
- Hebrew
- Russian
- French
- Chinese
- Other _____

Meal Information

- Breakfast
- Lunch
- Snack
- Dinner
- Kosher
- Halal
- Other _____

On Premises

- Social Worker
- Nurse/Doctor
- Speech Therapist
- Psychologist
- Special Ed. Instructor

Attestation

- Child care services does not refer to programs providing care for children operated solely for the purpose of religious education, sports, recreation, classes or lessons. By providing my signature, I confirm that I am a program/provider that does not operate solely for the purpose of religious education, sports, recreation, classes or lessons.
- I certify that the information on this application is accurate. I understand that providing false information may lead to the suspension or termination of payments and the recovery of any payments to which I was not entitled. I acknowledge that receiving payment from the City of New York for child care services provided does not make me an employee of the City of New York.
- I understand that I will be paid only after this application and supporting documents are received and attendance for the child is submitted. I certify that the amount I am charging for ACS subsidized child care is not more than the amount I charge for private pay children of the same age.

Provider/Program Signature: _____ Date: _____

For Official Use Only

Infant Toddler Pre-School School-Age Entered by: _____