**LEAP SCHOLARSHIP PROVIDER INFORMATION PAGE**

**Parent (Guardian) Name:**  **Date Completed:**

**Caregiver’s Name:**  **Business Name (if applicable):**

**Street Address (where care is provided):**

**Type of Provider**

* Licensed Home License #
* Licensed Center License #
* Registered Ministry Registration #
* License Exempt Home
* License Exempt Facility
* Providing Care in child’s home

**City: Zip: County:**

**Social Security or EIN Number (last 4 digits only):**

**Phone: ( ) Fax: ( )**

**Hours of Operation:** **Days:** **S M  T W  T  F S**

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| --- | --- | --- | --- | --- | --- | --- |
| **Child’s Name *(first & last)*** | **Child’s Age**Years / Months | **Kindergarten***Indicate*HD = ½ DayFD = Full Day | **Current Charge**(List charges for School-Age School Year)Week / Day / Hour | **Charge****for next age group***(If child is currently 2 list charge at age 3)*Week / Day / Hour | **School-age**(List charges for summer/evening care)Week / Day / Hour | Provider’s Current Paths to QUALITY™Level |
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 **Are you related to the children listed above?**  **Yes**  **No**

**FOR SCHOOL AGE AND KINDERGARTEN FULL-DAY CARE**

**School Year Begins: Ends:**

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

 **If yes, please explain:**

**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. Please provide the completed form to Brightpoint to assist in prompt completion of your childcare scholarship. If you wish to make a provider change, you must notify Brightpoint by providing a completed provider form from the new provider 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 Brightpoint at 1-800-589-3506 follow prompts for childcare or you may email** **childcare@mybrightpoint.org****.**

**PROVIDER AFFIRMATION**

**I affirm the information provided on this application form is true and correct**

**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:**