

Child Care Services
P.O. Box 130
Denton, TX 76202
Toll Free: 800-234-9306 | Fax: 940-323-4394
www.dfwjobs.com
In Partnership with North Central Texas Council of Governments

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Provider Information Update

Provider Name: _____

License # _____

1. Operation Type:

- Licensed Child Care Center Licensed Child Care Home Registered Child Care Home
- Relative

2. Owner of Facility

Name: _____

Address: _____

Phone Number: _____

3. Contract Signer (person other than owner authorized to sign agreement, update rates, bank information, etc.)

4. Authorized Representative (person(s) authorized to accept authorization calls and provide attendance inquiries)

5. Center Phone Number: _____

Alternate Phone Number (cell): _____

Center Fax Number: _____

6. Email Address (to request attendance, email notices, etc)

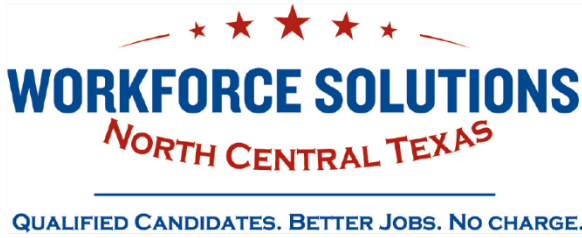
- @ yahoo.com @sbcglobal.net
- @ gmail.com Other: _____

7. Mailing Address (payment proofs and other information)

Vision: The recognized leader in building tomorrow's workforce.

Mission: To advance business-driven talent development strategies that promote economic growth, opportunity, and a quality workplace.

Values: Respect | Integrity | Collaboration | Excellence



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8. Days of Operation (Sun-Sat)

- Sunday Monday Tuesday Wednesday Thursday Friday
 Saturday

9. Hours of Operation (should match licensing)

_____ AM _____ PM

- Full Year School Year Only Summer Only

10. Do you offer Transportation?

- Yes No

11. Is this facility part of the Child Care Food Program?

- Yes No

12. Does this facility have experience with children who have disabilities?

- Yes No

13. Is this facility accredited?

- Yes No

If yes, what type? _____

Provider Signature: _____

Date: _____

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