



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## YMCA CHILDCARE RESOURCE SERVICE

### PROVIDER INFORMATION

Provider Name: \_\_\_\_\_

Street Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip Must include all 9 digits \_\_\_\_\_

Social Security Number or Tax I.D. Number \_\_\_\_\_ Telephone Number \_\_\_\_\_

E-mail Address \*required for communication and access to Care Portal  
<https://careportal.mcttechnology.com>

1) \_\_\_\_\_ 2) \_\_\_\_\_  
List the names of contacts/ authorized staff for the daycare/center

### PROVIDER STATEMENT REGARDING NON-SUBSIDIZED FAMILIES:

I, \_\_\_\_\_, child care provider, hereby state that: (Print Name)

- The rates being charged to subsidized children are equal to or less than the charged to non-subsidized children.
- The child care agreement and/or contract submitted are true and correct.
- Provider will refrain from religious instruction
- Written notice will be given of any changes within 5 business days.

I declare under penalty of perjury that the above statements are true.

PROVIDER SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_