



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA CHILDCARE RESOURCE SERVICE

Provider Information Form

Please complete this form if you do not have a fee/rate schedule established.

Provider Name: _____

Provider's Phone Number: _____

Provider's E-mail Address: _____

Provider's Home Address: _____

Childcare Fees:

Age:	Hourly	Daily	Weekly	Monthly	Yearly
0-1	_____	_____	_____	_____	_____
2-5	_____	_____	_____	_____	_____
6+	_____	_____	_____	_____	_____

Please note any hours and/or days that you are NOT available to provide child care due to other obligations: _____

Comments/other: _____

My signature below certifies that:

- *I charge the same rates for subsidized and unsubsidized child(ren) in my care.*
- *The client provided information on program guidelines and the information has been reviewed.*
- *Adult supervision (by the provider) is maintained at all times when children are in attendance.*
- *Provider will refrain from religious instruction*
- *Written notice must be given of any changes within 5 business days.*
- *Under penalty of perjury the above information is true and correct to the best of my knowledge.*

Provider Signature

Date