ONONDAGA COUNTY DSS - ECONOMIC SECURITY DAY CARE UNIT

CHILD CARE PROVIDER INFORMATION SHEET

Day Care Centers operate Monday – Friday gen Center Name:	erally between the hours of 6:00 am and 6:00 pm Date Started: Phone #:
Center Name: Address:	Date Started: Phone #:
Address:	Phone #:
A Registered Provider is licensed by the State of New York care during day, evening, night and weekend hours. Both Providers and the hours that the	
Provider Name:	Date Started:
Address:	
Provider Name:	Date Started:

tions must approve them before they can be paid for providing care. If you have chosen an informal Provider to care for your child(ren) additional paperwork will be mailed to you to begin the approval process.

Provider Name: _______
Address: ______

Date Started: ______ Phone #: ______

Please provide the information requested below pertaining to each child

Child's Name	Date of Birth	Days of the week in care	Hours child is in care AM to PM PM to AM	Hours for school holidays and summer vacation	Child Care Began