Case Name:				Date:		
Da	y care centers operc	Day Car ate Monday-Friday ge	e Center enerally between the	hours of 6:00am-6:00)pm	
Center Name:			Dat	Date Started:		
Address:	ddress:			Phone:		
		Registere York State and many ours. A referral list is a				
Provider Name:				Date Started:		
Address:	Phone:					
have chosen an Informal Provider an enrollment packet will be Provider Name:			Date Started: Phone:			
	DATE OF BIRTH	HOURS OF	CHILD CARE HOURS CHILD IS IN CARE AM TO PM PM TO AM	HOURS FOR SCHOOL HOLIDAYS/SUMMER VACATION (IF CHILD IS IN SCHOOL)	NUMBER OF HOURS PER WEEK NEEDED FOR CHILD CARE	

I certify that the above information is accurate and I agree to notify the Childcare Assistance Program of any changes in care immediately.

Date:

DC 104

Onondaga County Department of Social Services-Economic Security

Child Care Assistance Program JOHN H. MULROY CIVIC CENTER

421 MONTGOMERY STREET SYRACUSE, NY 13202 315-435-5683; Fax: 315-435-5682 www.ongov.net

J. Ryan McMahon, II

County Executive

Sarah G. Merrick Commissioner

CHILD CARE PROVIDER INFORMATION AND HOURS OF CARE