



Child Care Provider Data Worksheet

Student Parent Name: _____ Student ID: _____

The above named student parent has applied for a Child Care Grant at Caldwell Community College and Technical Institute. This information will provide the college with the necessary information to add the child care provider as a vendor for payment once the student is accepted into the grant program.

Name of Child Care Facility: _____

Doing Business as Name (if applicable): _____

Contact Person Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____

Telephone Number: _____ Alternate Phone Number: _____

Child Care Provider's License Number: _____

Other monthly funding sources parent receives (ex. WOIA, DSS): \$ _____

First and Last Name of Child	Charge per day/week (after all other assistance)

Provider Signature: _____ Date: _____

*****Attach a copy of your W-9*****

E-mail completed worksheet to:
cquackenbush@cccti.edu

For Office Use Only:

W-9 Received

Vendor Number: _____