



2020 - 2021

Child Care Provider Data Worksheet

Student Parent Name: \_\_\_\_\_

The above named student parent has applied for a Child Care Grant at Caldwell Community College and Technical Institute. The information provided here will be used to help determine eligibility for this grant and 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: \_\_\_\_\_

Federal Taxpayer Identification Number (TIN): \_\_\_\_\_

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

First and Last Name of Child	Charge per day (after all other assistance)	Full-Day Care	Before/After School Care

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Return completed worksheet to:  
Caldwell Community College and Technical Institute  
Office of Financial Aid  
E-mail – [финаid@cccti.edu](mailto:финаid@cccti.edu)

Caldwell Campus – 2855 Hickory Blvd., Hudson, NC 28638

Watauga Campus – PO Box 3318, Boone, NC 28607

For Office Use Only:

W-9 Received

Vendor Number: \_\_\_\_\_