



Provider Update Form

Date _____

Business Name: _____

Contact Name (s): _____

Business Address: _____ City/Zip _____ County _____

Phone _____ Alt Phone _____

Email _____ Web Site: _____

Does program provide transportation? _____Y _____N

Nearest Elementary School _____

Business Social Media (URL/Address) _____

How many openings for children do you have in your day care?

1st shift:	____ Infants	2nd shift:	____ Infants	overnight:	____ Infants
	____ Toddlers		____ Toddlers		____ Toddlers
	____ Preschoolers		____ Preschoolers		____ Preschoolers
	____ School age		____ School age		____ School age

Time program opens ____:____ closes ____:____

What days are you open for daycare? __M __T __W __TH __F __SA __SU

Are you on a Food Program? _____ CCRC Hunger Alliance OCCRRA Other

Does program accept the county voucher? __Y or __N.

What are the **Full** time rates?

____ Infants
____ Toddlers
____ Preschoolers
____ School age
____ Summer Camp

Please Return To:

Jocelyn Smith, Parent and Community Services Specialist
5350 Oberlin Avenue, Lorain, Ohio 44053
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(440) 242-0413 x 229