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 _____

How <u>many</u> <u>openings</u> for children do you have in your day care?

1st shift:		**2nd shift**:		**overnight:**	
___Infants		___Infants		___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
jsmith@ccrcinc.com
(440) 242-0413 x 229