

Vendor ID# (if available): _____

Child Care Vendor Demographic Details

Vendor type (check one): Licensed Voluntarily Registered Religiously Exempt Unlicensed
Local Ordinance Approved

NAME OF FACILITY: _____

ADDRESS: _____

TELEPHONE NUMBER: _____ CELL _____

FEIN/SOCIAL SECURITY NUMBER: _____

HOURS OF OPERATION: _____

DAYS OF OPERATION: _____

ANNUAL REGISTRATION FEE: \$ _____

TRANSPORTATION: PICK-UP FROM HOME DELIVERY TO HOME
(Check all that apply) DELIVERY TO SCHOOL PICK-UP FROM SCHOOL

Yes No SERVE CHILDREN WITH SPECIAL NEEDS
 Yes No PARTICIPATE IN THE CHILD AND ADULT CARE FOOD PROGRAM (CACFP)?
 Yes No SUBJECT TO HEAD START/EARLY HEAD START STANDARDS?

Primary Language: _____

SIGNATURE OF VENDOR DATE

No payment can be authorized until all required vendor documentation is received by and approved by the Department of Social Services.