Regulated Child Care Provider Enrollment

Thank you for your interest in becoming a DCF child care provider for families who may be eligible for DCF Child Care Assistance. This enrollment is used for KDHE regulated providers. Prior to completing the enrollment, read and make sure you understand the DCF Child Care Provider Handbook.

Please return completed enrollment to: _________________________________________
_____________________________________
_____________________________________

Please return by: _________________________________________

DCF REGULATED CHILD CARE PROVIDER APPLICATION

Section 1:

Facility Information:

Name of Facility: ___________________________ Director: ___________________________
Facility License Number: _________________________________________________________
Street Address: ____________________________ City: _________________________________
County: __________________ State: __________________ Zip: ____________________________
Mailing Address: ____________________________ City: _________________________________
County: __________________ State: __________________ Zip: ____________________________
Primary Telephone Number: __________________ Alternate Telephone Number: __________
Email Address: ________________________________

Headquarters (Complete this information only if you have more than one facility that is enrolled or enrolling with DCF):

Name: _______________________________________
Address: ______________________________________
Telephone Number: _________________________  Fax Number: _________________________

Email Address: ______________________________________________________________________

Owner Information:
Name (first, middle, last): _______________________________________________________________

Street Address: _________________________ City: ________________________________
County: ___________________________ State: __________________________ Zip: _______________

Mailing Address: _________________________ City: ________________________________
County: ___________________________ State: __________________________ Zip: _______________

Telephone Number: _________________________ Fax: _________________________ Email: __________
SSN: ___________________________ Date of Birth: _________________________ Gender: _______
Race: ___________________________ Hispanic/Latino? _______________ EIN: _______________

Are you a high school graduate or do you have a GED? _________________

Primary Language Spoken: _________________________ Written: _________________________

Rate Information:
If you are a Licensed Day Care Home, how much do you charge?
Under 18 months: _________________________  Frequency: _________________________

18 months and over: _________________________  Frequency: _________________________

If you are a Child Care Center, how much do you charge?
Under 12 months: _________________________  Frequency: _________________________

13 months to 18 months: _________________________  Frequency: _________________________

19 months to 30 months: _________________________  Frequency: _________________________

31 months to 5 years: _________________________  Frequency: _________________________

6 years and over: _________________________  Frequency: _________________________

Do you charge an enrollment fee? ________ If so what is your fee? $______/child $______/family

Do you charge for a minimum daily rate? ________ If so, what is your minimum daily rate? ________
Do you charge for a minimum number of hours per day? _________ If so, for how many hours do you charge? ______________

List days and hours of operation:

- Monday – Friday: _________ AM/PM to _________ AM/PM
- Saturday: _________ AM/PM to _________ AM/PM
- Sunday: _________ AM/PM to _________ AM/PM

Has anyone who lives, works or volunteers in your home/facility been convicted of a felony? _________

If yes, provide name of person, date and court of action, county and state: ________________________________
________________________________________________________________________________________
Read the following statements and check if you agree:

_____ I/We declare, under penalty of perjury, that to the best of my (our) knowledge, the information provided in this application is true and correct.

_____ I understand that the terms listed in the DCF provider handbook and child care provider agreement (including Section 9) are incorporated into my provider agreement with DCF and are legally binding. My signature on this application certifies that I have read and understand those terms and agree to them.

_____ I/We the undersigned are the person(s) named as the Applicant or the person(s) authorized to represent the owner listed above.

Submit this completed form along with a copy of your parent/provider contract or agreement.

__________________________________________     _________________________________________
Print Provider Name                        Print EES Designee Name

__________________________________________     _________________________________________
Provider Signature and Date                EES Designee Signature and Date

FOR AGENCY USE ONLY:

Agreement Start Date: ___________________________  End Date: ___________________________
County Code: _________________________________  Provider ID: ___________________________