



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: _____