

# Provider Profile Book Information

Facility Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Phone \_\_\_\_\_

Directors Name \_\_\_\_\_

Accredited No \_\_\_\_\_ Yes \_\_\_\_\_ If yes list agency's name \_\_\_\_\_

Class Ratio \_\_\_\_\_

Curriculum \_\_\_\_\_

Lead Teacher Credential level \_\_\_\_\_

Readiness Rate \_\_\_\_\_

Program Type  Child Care Facility (Licensed)

Private School (Licensed)

Family Day Care Home (Licensed)

Large Family Child Care Home (Licensed)

Faith Based Child Care Exempt s.402.316. F.S.

Faith Based Private School Exempt s. 402.3025 F.S.

Nonreligious Private School Exempt s. 402.3025 F.S.

Public School

Additional Services  Full day  Half day

Night care  Infant care

Drop-in care  Transportation

Before School  After school

Weekend care  Food served

School readiness

Payment Type  Reimbursement  Prepayment

VPK Program Operational Times: \_\_\_\_\_ (ex. M-F 9am -12pm)

VPK Program Begins: \_\_\_\_\_ VPK Program Ends \_\_\_\_\_ (ex. 8/20/13 – 6/5/14)

\_\_\_\_\_  
Signature of person completing the above information