Early Learning Coalition of Lake County
School Readiness Program

Provider Information Form- SR10

Prospective School Readiness providers are asked to provide their local early learning coalition with information about their program to assist with the application and inspection processes. The information collected will be transmitted to the Department of Children and Families and notify them of the need for a pre-contractual inspection to be completed. Your assistance in providing this information helps to avoid unnecessary delay and ensure applications and inspections are conducted and processed in a timely manner.

Business Name: *(as on License/Registration or name registered with DCF)*						
"Doing Business As" Name						
Owner Name:						
Owner Type: *(Corporation, LLC, Government Entity, Other Entity)*						
Director Name:						
Location Address:	**City:**		**County:**		**Zip Code:**	
Mailing Address:	**City:**		**County:**		**Zip Code:**	
Phone:	**Type:**		**Alternate Phone:**		**Type:**	
Email:			**Fax:**			
Provider Type *(check one)*:	☐ Center	☐ Family Child Care Home (FCCH)	☐ Large FCCH	☐ School-age Only	☐ Private School	☐ Public School
Legal Status *(check one)*:	☐ Licensed		☐ Registered		☐ Exempt	
Faith Based:	☐ Yes ☐ No					
Exemption Type *(check one)*:	☐ Religious Exempt	☐ Camp	☐ Non Public School	☐ Public School	☐ School Age	
DCF/Local Licensing ID:			**Head Start?**	☐ Yes ☐ No		
Registration ID:		**Master School ID (MSID):** *(Public and Private Schools only)*		**Federal ID No:**		

SCHEDULE - What days of the week does your program operate? Describe your program schedule. *(Check all that apply)*

Sunday ☐	*Monday* ☐	*Tuesday* ☐	*Wednesday* ☐	*Thursday* ☐	*Friday* ☐	*Saturday* ☐

Hours of Operation:	**Open:** ____ ☐ AM ☐ PM **Close:** ____ ☐ AM ☐ PM
Ages of Children Served:	**Minimum:** ____ **(Months/Years)** **Maximum:** ____ **(Months/Years)**

☐	24-HOUR CARE	☐	FULL TIME	☐	SCHOOL SYST WEATHER DAYS
☐	AFTER SCHOOL	☐	FULL YEAR	☐	SCHOOL YEAR
☐	BEFORE SCHOOL	☐	OVERNIGHT	☐	SWING SHIFT
☐	DROP IN CARE	☐	PART TIME	☐	WEEKEND
☐	EMERGENCY/TEMPORARY CARE	☐	RESPITE CARE		
☐	EVENING CARE	☐	SUMMER ONLY		

---Please attach a copy of current license/registration/exemption and submit with this form. Please also attach a copy of your accreditation certificate if applicable.---