

ELC of Okaloosa and Walton Counties, Inc.
 School Readiness Program
Provider Information Form

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 precontractual 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: <i>(as on License/Registration or name registered with DCF)</i>						
"Doing Business As" Name						
Owner Name:						
Owner Type: <i>(Corporation, LLC, Government Entity, Other Entity)</i>						
Director Name:						
Location Address:	City:	County:	Zip Code:			
Mailing Address:	City:	County:	Zip Code:			
Phone:	Type:	Alternate Phone:	Type:			
Email:	Fax:					
Provider Type <i>(check one):</i>	<input type="checkbox"/> Center	<input type="checkbox"/> Family Child Care Home (FCCH)	<input type="checkbox"/> Large FCCH	<input type="checkbox"/> School-age Only	<input type="checkbox"/> Private School	<input type="checkbox"/> Public School
Legal Status <i>(check one):</i>	<input type="checkbox"/> Licensed		<input type="checkbox"/> Registered		<input type="checkbox"/> Exempt	
Faith Based:	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Exemption Type <i>(check one):</i>	<input type="checkbox"/> Religious Exempt	<input type="checkbox"/> Camp	<input type="checkbox"/> Non Public School	<input type="checkbox"/> Public School	<input type="checkbox"/> School Age	
DCF/Local Licensing ID:	Head Start?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Registration ID:	Master School ID (MSID): <i>(Public and Private Schools only)</i>		Federal ID No:			
SCHEDULE - What days of the week does your program operate? Describe your program schedule. (Check all that apply)						
Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/>						
Hours of Operation:	Open: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM		Close: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM			
Ages of Children Served:	Minimum: _____ (Months/Years)		Maximum: _____ (Months/Years)			
<input type="checkbox"/> 24-HOUR CARE	<input type="checkbox"/> FULL TIME		<input type="checkbox"/> SCHOOL SYST WEATHER DAYS			
<input type="checkbox"/> AFTER SCHOOL	<input type="checkbox"/> FULL YEAR		<input type="checkbox"/> SCHOOL YEAR			
<input type="checkbox"/> BEFORE SCHOOL	<input type="checkbox"/> OVERNIGHT		<input type="checkbox"/> SWING SHIFT			
<input type="checkbox"/> DROP IN CARE	<input type="checkbox"/> PART TIME		<input type="checkbox"/> WEEKEND			
<input type="checkbox"/> EMERGENCY/TEMPORARY CARE	<input type="checkbox"/> RESPITE CARE					
<input type="checkbox"/> EVENING CARE	<input type="checkbox"/> 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.---