

Umatilla Morrow Head Start Inc.
Family Child Care Provider
APPLICATION



Date of Application ____/____/____

Name:

Last First M.I.

Address:

Street City Zip Code

Telephone:(____) _____ CCD Registration

Pending _____ Date

Applied _____

USDA Participant: Yes _____ No _____

DHS Listed: Yes _____ No _____

Current number of openings you have for pre-school age
children _____

Current Days and Hours of
Operation: _____

Hours of Non-Traditional Care You Are Willing To Provide:

Evenings _____ Nights _____
Weekends _____

EDUCATION AND TRAINING: Please describe your educational experience
related to child care and/or Early Childhood Education:

CHILD CARE EXPERIENCE: Please describe your experience as a child care

provider.

REFERENCES: One personal and two child care related

Name	Phone #	Relationship	How Long?
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