

Child Care Provider Information:

Name of Child Care Provider: _____

Telephone: _____; Alternate Telephone Number: _____

Business Name of Child Care Provider: _____
(Applies ONLY if Provider has a business license in the State)

Address: _____

City: _____ State: _____ Zip: _____

Name you want to appear on the Check, if different from above:

Provider's SSN: _____ **and/or**

Child Care License Number: _____

(All providers MUST complete the attached W-9 form. Sole Proprietors MUST include their SSN along with EIN)

Is the Provider a Relative? Yes No **Provider CANNOT be a boyfriend/girlfriend of the parent or legal guardian or parent of the child.**

Is the Relative Provider the child's: Grand parent; Aunt or Uncle or Sibling (must be over 18yrs old)

Where will child care be provided? Provider's Home; Child's Home; Licensed Center.

Licensed Provider Fees: \$ _____ Amount. Per _____ Month/Day/Hour (*circle which type*)

Do you charge Parent for Holidays, Absent Days and Sick Days? YES NO

Did you complete and attach your W-9 Form: YES NO

Did you complete and attach the Independent Contractor Status Form? YES NO

By signing below, I give the Tribe permission to follow up with a background check, when applicable or deemed necessary. Further, I give the Tribe the right to request accounting records in cases where I am a licensed provider regarding the parent on this application.

Signature of Provider: _____ **Date:** _____