

Florida Department of Education  
Office of Early Learning  
Child Care Resource and Referral Network  
Provider Update Form  
2014-15 (V2)

**OPT OUT - I do not wish to complete this form and understand that my program will not be referred to families by the ELC.**  
*(School Readiness and VPK providers contracted with the ELC are required to complete this form.)*

\_\_\_\_\_

Program Name (as it appears on license/registration)

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

<b>Name of Person Filling Out Form:</b>					
<b>Coalition (ELC)/Agency:</b>					
<b>Date Form Completed:</b>					
<b>Do you wish to have your program referred to families seeking child care listings from the ELC?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO				
<b>Business Name:</b> <i>(as on License or Exemption)</i>					
<b>Doing-Business-As Name:</b>					
<b>Owner Name:</b>					
<b>Director Name:</b>					
<b>Location Address:</b>	<b>City:</b>	<b>County:</b>	<b>Zip Code:</b>		
<b>Mailing Address:</b>	<b>City:</b>	<b>County:</b>	<b>Zip Code:</b>		
<b>Phone:</b>		<b>Fax:</b>		<b>Email:</b>	
<b>Provider Type (check one):</b>	<input type="checkbox"/> Center	<input type="checkbox"/> FCCH	<input type="checkbox"/> Large FCCH	<input type="checkbox"/> School-age Only	<input type="checkbox"/> Private School <input type="checkbox"/> Public School
<b>Family Child Care Home Only:</b>	<i>Do you want your house number and street name to appear on referral lists to families?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>Legal Status (check one):</b>	<input type="checkbox"/> Licensed		<input type="checkbox"/> Registered		<input type="checkbox"/> Exempt
<b>Exemption Type (check one):</b>	<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
<b>Affiliation – Not For Profit:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>DCF/Local Licensing ID:</b>		<b>Expiration Date:</b>			
<b>Master School ID (MSID):</b> <i>(Public and Private Schools only)</i>		<b>Provider Federal ID No:</b>			

Child Care Resource and Referral Network  
 Provider Update Form

**1. ACCREDITATION** - Are you accredited by an accrediting agency? *(Check all that apply)* A copy of your certificate is required in order for accreditation to be listed.

Accrediting Agency		Effective Date	End Date
<input type="checkbox"/>	ASSOCIATION OF CHRISTIAN SCHOOLS INTERNATIONAL		
<input type="checkbox"/>	ASSOCIATION OF CHRISTIAN TEACHERS AND SCHOOLS		
<input type="checkbox"/>	CHOSEN GENERATION LEARNING CENTERS ASSOCIATION		
<input type="checkbox"/>	ASSOCIATION OF CHRISTIAN TEACHERS AND SCHOOLS (NATIONAL)		
<input type="checkbox"/>	ASSOCIATION OF INDEPENDENT PRESCHOOLS		
<input type="checkbox"/>	ACCREDITED PROFESSIONAL PRESCHOOL LEARNING ENVIRONMENT		
<input type="checkbox"/>	CHURCH AVENUE ACADEMY		
<input type="checkbox"/>	CHURCH OF GOD ASSOCIATION		
<input type="checkbox"/>	COUNCIL ON ACCREDITATION		
<input type="checkbox"/>	CHRISTIAN SCHOOLS OF FLORIDA		
<input type="checkbox"/>	EARLY CHILDHOOD CHRISTIAN EDUCATION ASSOCIATION		
<input type="checkbox"/>	FLORIDA ASSOCIATION OF CHRISTIAN COLLEGES AND SCHOOLS		
<input type="checkbox"/>	FLORIDA CATHOLIC CONFERENCE		
<input type="checkbox"/>	CENTRAL FLORIDA CHRISTIAN EDUCATION ASSOCIATION		
<input type="checkbox"/>	FLORIDA COALITION OF CHRISTIAN PRIVATE SCHOOLS ASSOCIATION		
<input type="checkbox"/>	FLORIDA KINDERGARTEN COUNCIL		
<input type="checkbox"/>	FLORIDA LEAGUE OF CHRISTIAN SCHOOLS		
<input type="checkbox"/>	GREEN APPLE ASSOCIATION OF CHRISTIAN SCHOOLS		
<input type="checkbox"/>	GOLD SEAL QUALITY CARE ACCREDITATION		
<input type="checkbox"/>	LIGHT OF THE WORLD CHRISTIAN SCHOOL		
<input type="checkbox"/>	MIRACLE FAITH CENTER		
<input type="checkbox"/>	MONTESSORI SCHOOL ACCREDITATION COMMISSION		
<input type="checkbox"/>	NATIONAL ACCREDITATION COMMISSION FOR EARLY CARE AND EDUCATION PROGRAMS		
<input type="checkbox"/>	NATIONAL ACCREDITATION COUNCIL FOR EARLY CHILDHOOD PROFESSIONAL		
<input type="checkbox"/>	NATIONAL ASSOCIATION FOR THE EDUCATION OF YOUNG CHILDREN		
<input type="checkbox"/>	NEW BEGINNINGS CHRISTIAN CENTER ACCREDITATION		
<input type="checkbox"/>	NATIONAL ASSOCIATION FOR CHRISTIAN EDUCATION		
<input type="checkbox"/>	NICENE SCHOOLS INTERNATIONAL		
<input type="checkbox"/>	NATIONAL COUNCIL FOR PRIVATE SCHOOL ACCREDITATION		
<input type="checkbox"/>	NARROW DOOR PENTECOSTAL		
<input type="checkbox"/>	NATIONAL EARLY CHILDHOOD PROGRAMS ACCREDITED		
<input type="checkbox"/>	NATIONAL ASSOCIATION FOR FAMILY CHILD CARE		
<input type="checkbox"/>	NATIONAL LUTHERAN SCHOOL ACCREDITATION		
<input type="checkbox"/>	NATIONAL SCHOOL-AGE CARE ALLIANCE		
<input type="checkbox"/>	PAPA GOOSE NETWORK OF CHRISTIAN NURSERY'S		
<input type="checkbox"/>	ST. JOSEPH ASSOCIATION OF CHRISTIAN SCHOOLS		
<input type="checkbox"/>	SONSHINE ASSOCIATION OF CHRISTIAN SCHOOLS		
<input type="checkbox"/>	SOUTHERN ASSOCIATION OF COLLEGES AND SCHOOLS		
<input type="checkbox"/>	UNITED METHODIST ASSOCIATION PRESCHOOLS		
	<b>OTHER (List Below)</b>		
<input type="checkbox"/>			
<input type="checkbox"/>			

Child Care Resource and Referral Network  
Provider Update Form

2. CURRICULUM - Which of the following curricula does your program use? (Check all that apply)			
<input type="checkbox"/>	BABY DOLL CIRCLE TIME – 2012 ed.	<input type="checkbox"/>	INNOVATIONS: THE COMPREHENSIVE INFANT, TODDLER PRESCHOOL - 1 <sup>st</sup> ed.
<input type="checkbox"/>	BEYOND CENTERS & CIRCLE TIME - 2 <sup>nd</sup> ed. 2007	<input type="checkbox"/>	INVESTIGATORS CLUB - 2010
<input type="checkbox"/>	BEYOND CRIBS & RATTLES - 1 <sup>st</sup> ed. 2005	<input type="checkbox"/>	INVESTIGATORS CLUB JUST FOR THREES - 2010
<input type="checkbox"/>	CORE KNOWLEDGE PRESCHOOL - 2013	<input type="checkbox"/>	JOURNEY – 2 <sup>nd</sup> ed. 2013
<input type="checkbox"/>	CREATIVE CURRICULUM FOR FCC - 2 <sup>nd</sup> ed. 2009	<input type="checkbox"/>	KIDDIE ACADEMY LIFE ESSENTIALS - 2007-2013
<input type="checkbox"/>	CREATIVE CURRICULUM INFANTS, TODDLERS AND TWOS - 2 <sup>nd</sup> ed. 2011	<input type="checkbox"/>	KIDS R KIDS - 2013
<input type="checkbox"/>	CREATIVE CURRICULUM FOR PRESCHOOL - 5 <sup>th</sup> ed. 2010	<input type="checkbox"/>	KNOWLEDGE UNIVERSE EARLY FOUNDATIONS DIS. INFANTS - 2004
<input type="checkbox"/>	COMPLETE PROGRAM FOR EARLY LITERACY SUCCESS LEVEL TWO - 1 <sup>st</sup> ed. 2012	<input type="checkbox"/>	KNOWLEDGE UNIVERSE EARLY FOUNDATIONS TODDLERS - 2014
<input type="checkbox"/>	DLM CHILDHOOD EXPRESS - 2011	<input type="checkbox"/>	KNOWLEDGE UNIVERSE EARLY FOUNDATIONS DISCOVERY PRESCHOOL (18 mos.- 2 yr. olds) - 2004
<input type="checkbox"/>	EARLY LITERACY & EARLY MODEL PLUS - 2 <sup>nd</sup> ed. 2012	<input type="checkbox"/>	KNOWLEDGE UNIVERSE EARLY FOUNDATIONS PRESCHOOL (3 yr. olds) - 2013
<input type="checkbox"/>	EDUCATION 1 <sup>st</sup> VESS - 1 <sup>st</sup> ed.	<input type="checkbox"/>	KNOWLEDGE UNIVERSE EARLY FOUNDATIONS PREKINDERGARTEN - (4 yr. olds) - 2013
<input type="checkbox"/>	EMPOWERED CHILD - 5 <sup>th</sup> ed. 2011-2013	<input type="checkbox"/>	LEARN EVERY DAY & NEMOURS BRIGHT START! SUPERSET - 1 <sup>st</sup> ed. 2012
<input type="checkbox"/>	FLEX GODDARD PRE-K - 1 <sup>st</sup> ed.	<input type="checkbox"/>	LEARN EVERY DAY FOR INFANT, TODDLERS AND TWOS - 1 <sup>st</sup> ed. 2013
<input type="checkbox"/>	FOOTSTEPS FOR FOURS - 2 <sup>nd</sup> ed.	<input type="checkbox"/>	LEARN FROM THE START - 1 <sup>st</sup> ed. 2013
<input type="checkbox"/>	FOUNDATIONS FOR SUCCESS - 2012	<input type="checkbox"/>	LITERACY EXPRESS - 2014
<input type="checkbox"/>	FROG STREET PRE-K - 2012	<input type="checkbox"/>	LEAP - 2014
<input type="checkbox"/>	FROG STREET TODDLER - 2013	<input type="checkbox"/>	LIFESMART - 5 <sup>th</sup> ed. 2011-2013
<input type="checkbox"/>	FROG STREET SUMMER - 2014	<input type="checkbox"/>	LINKS TO EARLY LEARNING - 1 <sup>st</sup> ed. 2014
<input type="checkbox"/>	FUNSHINE ONLINE - 2014	<input type="checkbox"/>	LITTLE TREASURES - 2011
<input type="checkbox"/>	GALILEO PRE-K ONLINE - 2014	<input type="checkbox"/>	LET'S BEGIN WITH LETTTER PEOPLE - 4 <sup>th</sup> ed. 2009
<input type="checkbox"/>	GEE WHIZ DIGITAL FOR FAMILY CARE - 2013	<input type="checkbox"/>	MOTHER GOOSE TIME PRESCHOOL - 2014
<input type="checkbox"/>	GET SET FOR SCHOOL - 1 <sup>st</sup> ed. 2012	<input type="checkbox"/>	MOTHER GOOSE TIME LITTLE GOOSE - 2014
<input type="checkbox"/>	HIGHSOPE PRESCHOOL - 1 <sup>st</sup> ed. 2012	<input type="checkbox"/>	MONTESSORI

Child Care Resource and Referral Network  
 Provider Update Form

**3. CAPACITY/ VACANCY**

Total Licensed Capacity *(Number of children you are licensed to care for)*

Actual Capacity *(Most number of children you choose to care for)*

Current Total Vacancy

**4. ENVIRONMENT** - Describe your program's setting. Check if your staff speaks any of the languages below. *(Check all that apply)*

<input type="checkbox"/>	CHINESE	<input type="checkbox"/>	SMOKE FREE	<input type="checkbox"/>	WEB CAM ON SITE	<input type="checkbox"/>	OTHER (List Below)
<input type="checkbox"/>	CREOLE	<input type="checkbox"/>	NO TV	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	ENGLISH	<input type="checkbox"/>	PETS	<input type="checkbox"/>	OTHER (List Below)	<input type="checkbox"/>	
<input type="checkbox"/>	FRENCH	<input type="checkbox"/>	POOL ON SITE	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	FILIPINO	<input type="checkbox"/>	PORTUGUESE	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	FINANCIAL ASSISTANCE	<input type="checkbox"/>	RUSSIAN	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	FENCED YARD	<input type="checkbox"/>	SPANISH	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	GERMAN	<input type="checkbox"/>	SEPARATE PLAY AREA (FCCH)	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	GREEK	<input type="checkbox"/>	SIGN LANGUAGE	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	GREEN CERTIFIED	<input type="checkbox"/>	SPA	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	HEBREW	<input type="checkbox"/>	VIETNAMESE	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	ITALIAN	<input type="checkbox"/>	VIDEO MONITORING	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	LIMITED TV VIEWED	<input type="checkbox"/>	WHEELCHAIR ACCESSIBLE	<input type="checkbox"/>		<input type="checkbox"/>	

**5. ADDITIONAL FEES** - Please list all additional fees your program charges.

Description	Amount	Frequency	Fee Per Child or Family (C/F)
ANNUAL	\$		
APPLICATION	\$		
DIAPERS	\$		
INSURANCE	\$		
LATE PICK-UP	\$		
LATE PAYMENT	\$		
MEMBER ORGANIZATION	\$		
MEALS/SNACKS	\$		
OVERTIME/EARLY DROP OFF	\$		
RETURNED CHECK	\$		
REGISTRATION	\$		
SCHOOL AGE REGISTRATION FEE	\$		
SUPPLIES/MATERIALS	\$		
OTHER (LIST BELOW):			
	\$		
	\$		

**Frequency Options:** Per Minute; Every 5 minutes; Every 10 minutes; Every 15 minutes; Half Hour; Hourly; Daily; Weekly; Monthly; Yearly; One Time;

Child Care Resource and Referral Network  
 Provider Update Form

**6. MEALS** - What meals does your program provide? (Check all that apply)

<input type="checkbox"/>	BREAKFAST	<input type="checkbox"/>	USDA FOOD PROGRAM	<input type="checkbox"/>	GLUTEN FREE
<input type="checkbox"/>	MORNING SNACK	<input type="checkbox"/>	AFTERNOON MEAL PROGRAM	<input type="checkbox"/>	PEANUT-FREE ENVIRONMENT
<input type="checkbox"/>	LUNCH	<input type="checkbox"/>	NO MEALS PROVIDED	<input type="checkbox"/>	SPECIAL DIET REQUEST
<input type="checkbox"/>	AFTERNOON SNACK	<input type="checkbox"/>	PROVIDES FORMULA	<input type="checkbox"/>	VEGETARIAN
<input type="checkbox"/>	DINNER	<input type="checkbox"/>	PARENT SUPPLIES FORMULA		

**7. PROGRAM PARTICIPATION** – Describe your program/facility. (Check all that apply)

<input type="checkbox"/>	AFTER SCHOOL	<input type="checkbox"/>	MILITARY	<input type="checkbox"/>	SICK CHILD CARE
<input type="checkbox"/>	CHILD CARE CENTER	<input type="checkbox"/>	PLAYGROUP	<input type="checkbox"/>	SUMMER CAMP
<input type="checkbox"/>	EARLY HEAD START	<input type="checkbox"/>	PRIVATE SCHOOL	<input type="checkbox"/>	TEEN PARENT
<input type="checkbox"/>	FAMILY CHILD CARE HOME	<input type="checkbox"/>	PUBLIC SCHOOL	<input type="checkbox"/>	VPK SCHOOL YEAR
<input type="checkbox"/>	HEAD START	<input type="checkbox"/>	QUALITY RATING SYSTEM	<input type="checkbox"/>	VPK SUMMER
<input type="checkbox"/>	LARGE FCCH	<input type="checkbox"/>	SCHOOL AGE PROGRAM		
<input type="checkbox"/>	MIGRANT HEAD START	<input type="checkbox"/>	SCHOOL READINESS PROVIDER		

**8. RATES:** In the table below enter the advertised rates (private pay rates) your program charges. Do not include voucher/subsidy rates, sliding scale rates, employee discounts or any other discounted rates. Only complete the rate type for each age group that you offer. (Please attach rate sheet, if applicable).

Enter Rate by Age Group. Check frequency for each option below.	Infant	1 year old	2 year old	3 year old	4 year old	5 year old	Elem School Age	Mid School Age
<b>FULL TIME</b> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/>								
<b>FULL TIME VPK WRAP</b> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/>								
<b>PART TIME</b> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/>								
<b>PART TIME VPK WRAP</b> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/>								
<b>SCHOOL AGE BEFORE SCHOOL</b> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/>								
<b>SCHOOL AGE AFTER SCHOOL</b> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/>								
<b>SCHOOL AGE – BOTH BEFORE &amp; AFTER SCHOOL</b> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/>								
<b>SUMMER CAMP</b> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/>								

**9. SCHEDULE** - What days of the week does your program operate? (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)

Child Care Resource and Referral Network  
 Provider Update Form

10. PROVIDER (ENHANCED) SCHEDULE - Does your program provide the following schedule? (Check all that apply)					
<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"/>	RESPIRE CARE		
<input type="checkbox"/>	EVENING CARE	<input type="checkbox"/>	SUMMER ONLY		

11. ENHANCED SERVICES - What other services does your program offer? (Check all that apply)					
<input type="checkbox"/>	ART/CRAFTS	<input type="checkbox"/>	MUSIC LESSONS	<input type="checkbox"/>	ENVIRON ACCOMMODATIONS
<input type="checkbox"/>	COMPUTERS	<input type="checkbox"/>	KINDERGARTEN CLASS	<input type="checkbox"/>	TRAINING/EXP DEV DELAY
<input type="checkbox"/>	DANCE	<input type="checkbox"/>	ON-SITE SCREENINGS	<input type="checkbox"/>	THERAPEUTIC SERVICES
<input type="checkbox"/>	FAMILY INVOLVEMENT	<input type="checkbox"/>	OUTDOOR SPORTS		<b>OTHER (List Below)</b>
<input type="checkbox"/>	FIELD TRIPS	<input type="checkbox"/>	SWIM LESSONS	<input type="checkbox"/>	
<input type="checkbox"/>	GYMNASTICS	<input type="checkbox"/>	TRAINING/EXP AUTISM	<input type="checkbox"/>	
<input type="checkbox"/>	HOMEWORK/TUTOR	<input type="checkbox"/>	TRAINING/EXP BEHAV CHAL	<input type="checkbox"/>	

12. STAFFING – a. Total number of staff that work directly with children in care: _____.			
b. Enter below the number of staff that works directly with children in care that have any of the following:			
Number	Training/ Education Type	Number	Training/ Education Type
	FCCH 30 HOUR TRAINING		GED
	40 HR INTRO CHILD CARE		HIGH SCHOOL EDUCATION
	AA/AS NONCHILD RELATED		MA DEGREE EARLY CHILDHOOD
	AA/AS EARLY CHILDHOOD		MA NONCHILD RELATED
	DIRECTOR CREDENTIAL ADV		MEDICAL STAFF ONSITE
	DIRECTOR CREDENTIAL LEVEL 1		NATL EARLY CHILDHOOD CERT
	DIRECTOR CREDENTIAL LEVEL 2		NO HIGH SCHOOL/GED
	BA/BS NONCHILD RELATED		SCHOOL-AGE CREDENTIAL
	BA DEGREE EARLY CHILDHOOD		SPECIAL NEEDS PRACTICES
	BEHAVIOR OBSERVATION		VPK DIRECTOR CREDENTIAL
	DIRECTOR (NON VPK)		OTHER (LIST BELOW)
	DOCTORATE		
	EARLY (EMERGENT) LITERACY		
	FCCPC/ECPC/CCAC/CDAE		

13. SUBSIDIES – List any provider sponsored financial assistance you offer to help families with limited financial means.					
<input type="checkbox"/>	EMPLOYER SPONSORED	<input type="checkbox"/>	NEGOTIATED RATE	<input type="checkbox"/>	<b>OTHER (List Below)</b>
<input type="checkbox"/>	MEDICAID PROVIDER	<input type="checkbox"/>	PROVIDER SCHOLARSHIP	<input type="checkbox"/>	
<input type="checkbox"/>	MILITARY AID	<input type="checkbox"/>	SLIDING SCALE FEE	<input type="checkbox"/>	
<input type="checkbox"/>	MULTI CHILD DISCOUNT			<input type="checkbox"/>	

Child Care Resource and Referral Network  
 Provider Update Form

14. TRANSPORTATION - Do you or does your school provide or are located near transportation? <i>(Check all that apply)</i>					
<input type="checkbox"/>	SCHOOL BUS	<input type="checkbox"/>	TRANSPORTATION PROVIDED TO CHILD HOME		
<input type="checkbox"/>	TRANSPORTATION PROVIDED FROM CHILD HOME		<input type="checkbox"/>	TRANSPORTATION PROVIDED FROM SCHOOL	
<input type="checkbox"/>	NEAR PUBLIC TRANSPORTATION		<input type="checkbox"/>	WITHIN WALKING DISTANCE TO SCHOOL	
Transportation Provided from the Schools Listed Below to the Child Care Site		Transportation Provided from the Child Care Site to the Schools Listed Below		Child Care Site Within Walking Distance from the Schools Listed Below	

COMMENTS/QUESTIONS

Thank you for your cooperation in gathering this important information. You should contact the Early Learning Coalition of Osceola County or the contractor Community Coordinated Care for Children, Inc. (4C) anytime you make changes to your program so that we may provide families with accurate information. We are available to answer any questions you may have by calling the coalition at 407-933-5353 or 4C at 321-219-6300.

**--- PLEASE ATTACH COPY OF CURRENT LICENSE/REGISTRATION/EXEMPTION AND SUBMIT WITH THIS FORM. ---**

**Office Use Only:**

EFS Updated      Date: \_\_\_\_\_      By: \_\_\_\_\_

**Forms should be returned to the 4C office at:**

**2220 E. Irlo Bronson Memorial Hwy, Unit 7**

**Kissimmee, FL 34744**

**or**

**Faxed to 321-219-6017**