

**CHILDCARE PROVIDER FORM:**

Please complete the information below and return with a copy of the **current fee schedule and W-9. Thank you.**

*The Childcare Scholarship Fund reimburses childcare providers **after services are rendered** and upon receipt of an official United Way invoice, we do not accept other invoices. Invoices are due the **first Monday of every month**. United Way has fifteen business days to have a check cut to the provider. Should you have any questions, please contact Katherine King, 210-352-7106, or [kking@unitedwaysatx.org](mailto:kking@unitedwaysatx.org).*

**This form MUST be completed and SIGNED by the childcare facility representative and returned by the childcare scholarship recipient.**

Name of Childcare Center \_\_\_\_\_

Center's **BILLING** Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Alternate Number \_\_\_\_\_ Center Director \_\_\_\_\_

HOURS: Weekdays From \_\_\_\_\_ TO \_\_\_\_\_ Valid E-mail Address \_\_\_\_\_

Evenings From \_\_\_\_\_ TO \_\_\_\_\_

License Number \_\_\_\_\_ or Registration Number \_\_\_\_\_

Is this center currently on probation by any licensing agency? Yes \_\_\_\_\_ No \_\_\_\_\_

Is this center under investigation by any licensing agency? Yes \_\_\_\_\_ No \_\_\_\_\_

Is the center accredited by the NAEYC? Yes \_\_\_\_\_ No \_\_\_\_\_

Is the center a Texas Rising STAR Program? Yes \_\_\_\_\_ No \_\_\_\_\_

Is the center accredited by the NAFCC? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of Scholarship Recipient \_\_\_\_\_

Name of Child \_\_\_\_\_ Enrollment Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Full-time\_\_\_\_ Part-time\_\_\_\_

Name of Child \_\_\_\_\_ Enrollment Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Full-time\_\_\_\_ Part-time\_\_\_\_

Name of Child \_\_\_\_\_ Enrollment Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Full-time\_\_\_\_ Part-time\_\_\_\_

\_\_\_\_\_/\_\_\_\_/\_\_\_\_

Childcare facility representative

Title

Today's Date

**Please return this completed form to United Way at P.O. Box 898, San Antonio, Texas 78293 or fax to 210.293.4681 Attn: Katherine King**

**\*Please Provide a copy of the current fee schedule and W-9\* \*All documents must be completed before payment can be processed.**