

Bailey Boyd Associates, Inc.

CHILDCARE PROVIDER APPLICATION

For more information on this program, please visit our website at www.baileyboyd.com and download the Provider Information Sheet. If you have any questions, please don't hesitate to get in touch.

Applications can be returned via fax, email or mail to:

Carol Bergen
P.O. Box 636
North Eastham, MA 02651
Phone: 508-430-4499x5
Fax: 508-430-4498
cbergen@baileyboyd.com

PROGRAM INFORMATION

Program Name: _____

Program Address: _____

Contact Person: _____

Contact Phone: _____ Contact Email: _____

- Is your program a licensed childcare provider? Yes No

If yes, please provide the source of the license and license number:

- Does your program have insurance to cover it's activities: Yes No

- What is the cost per week at your program:

I, on behalf of the program named above, certify that the information given for the purpose of participating in the Childcare Subsidy Program is accurate. In addition, I attest that the program does not discriminate against participants based on race, ethnicity, religion or sexual preference.

Authorized Official Signature

Date

ADDITIONAL ATTACHMENTS

____ **A copy of your liability insurance covering your business for it's activities**

Thank you for applying. Once your application is received we will be in touch regarding approval and the next steps for the program.