

CHILD CARE NETWORK OF MASSACHUSETTS

VOUCHER PROVIDER CONTACT INFORMATION

Please complete the following information:

Federal Tax ID# _____

Program Name (as it appears on EEC License) & Mailing, Billing & Payment Address:

Program Telephone _____ Fax _____

Name of Person Responsible for Voucher Enrollment _____

Telephone _____ E-Mail _____

Name of Person Responsible for Billing _____

Telephone _____ E-Mail _____

Program Location, Name & Address _____

Name of Program Director: _____

Telephone _____ E-Mail _____

Name & Address of Parent Agency _____

Name & Address of Executive Director _____

Telephone of Executive Director _____

E-mail of Executive Director _____

Is your organization (circle one)

For Profit

Not For Profit

Does your parent company have a Basic Contract with EEC? Yes No

If YES, in which Region(s) () 1 () 2 () 3 () 4 () 5 () 6

Does your program provide transportation? (circle one) Yes No

If yes, you must return a copy of your programs transportation policy.

Does your program offer any discounted rates and if so please describe: sibling discount, employee discount, etc.

Please note that these discounts are also applied to voucher rates. _____

Signature: _____ Title: _____ Date: _____

Please note that it is your responsibility to report any changes to Resources & Referral Unit