Onondaga County Department of Social Services-Economic Security DAY CARE UNIT

JOHN H. MULROY CIVIC CENTER 421 MONTGOMERY STREET 5TH FLOOR SYRACUSE, NY 13202 315-435-5683; Fax: 315-435-5682 www. ongov.net

J. Ryan McMahon, II County Executive Sarah G. Merrick Commissioner

CHILD CARE PROVIDER INFORMATION AND HOURS OF CARE

Case Name:				Date:		
Dav	v care centers opera	Day Car ate Monday-Friday ge		hours of 6:00am-6:00)pm	
Center Name:						
address:						
the day, evening, nig	ght and weekend ho	Registered York State and many ours. A referral list is a	registered providers vailable at Child Car	e Solutions 315-446-1	220.	
Provider Name:				_ Date Started:		
Address:	ddress:Phone:					
Care Solutions and b have chosen an Info	e approved to prov rmal Provider an enr	Informal elative. The Informal F ide care for each chil ollment packet will be	Provider needs to co ld before they can b e mailed to you to be	e paid by DSS for pro egin the provider app	oviding care. If you proval process.	
Address:			Phc	one:		
		HOURS OF (CHILD CARE			
CHILD'S NAME	DATE OF BIRTH	DAYS OF THE WEEK IN CARE	HOURS CHILD IS IN CARE AM TO PM PM TO AM	HOURS FOR SCHOOL HOLIDAYS/SUMMER VACATION (IF CHILD IS IN SCHOOL)	NUMBER OF HOURS PER WEEK NEEDED FOR CHILD CARE	
	<u> </u>	1		<u> </u>	<u> </u>	
I certify that the	e above information is	accurate and I agree to	notify the Day Care Un	it of any changes in car	e immediately.	
Signature:			Date:			