



Voucher Provider Contact Information

Please complete the following information.

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|---|--|
| Federal Tax ID #: | |
| | |
| Program Name as it appears on your EEC License: | |
| | |
| Mailing Address for Checks and Billing: | |
| | |
| Program Telephone Number: | Fax Number: |
| | |
| Name of Parent Agency: | |
| | |
| Mailing Address for Parent Agency: | |
| | |
| Program Director's Name: | |
| | |
| Program Director's Telephone #: | Program Directors E-mail: |
| | |
| Name of Person Responsible for Voucher Enrollment: | |
| | |
| Voucher Enrollment Person's Telephone #: | Voucher Enrollment Person's E-mail: |
| | |
| Billing Person's Name: | |
| | |
| Billing Person's Telephone #: | Billing Person's E-mail: |
| | |



*Early education and care
and out of school time care.*

Community Care for Kids | A Program of
Quincy Community Action Programs, Inc.
1509 Hancock Street, Quincy MA 02169

617.657.5305 | www.qcap.org



| | |
|--|-------------------------------------|
| Executive Director's Name: | |
| | |
| Executive Director's Mailing Address: | |
| | |
| Executive Director's Telephone #: | Executive Director's E-mail: |
| | |
| Location of care program name and address: | |
| | |
| | |
| Is your organization: <input type="checkbox"/> For Profit <input type="checkbox"/> Not For Profit | |
| | |
| Does your parent company have a Basic Contract with EEC? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | |
| If yes, in which EEC region(s)? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 | |
| | |
| Does your program provide transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| ***If yes, you must return a copy of your programs transportation policy. | |
| | |
| Does your program offer any discounted rates? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | |
| If yes, which: <input type="checkbox"/> sibling discount <input type="checkbox"/> employee discount <input type="checkbox"/> sliding scale based on income | |
| Other: | |
| | |
| Note: Any discounts are also applied to voucher rates. | |
| | |
| Signature: | Date: |
| | |
| Print Name of Signer: | Title of Signer: |
| | |

*****Please note that it is your responsibility to report any changes to Community Care for Kids*****