

**REGULATED OUT-OF-STATE CHILD CARE FACILITY INFORMATION  
PENNSYLVANIA CHILD CARE SUBSIDY SYSTEM**

**(Please print or type)**

Indicate the name and address of the facility location where child day care services will be provided.

**NAME OF FACILITY:**

**ADDRESS OF FACILITY:**

Street:

City:

State:

Zip Code:

Indicate the maximum capacity of the facility named above as determined by your state regulatory authority.

**FACILITY CAPACITY:**

**TYPE OF FACILITY** (Check one):

Child Day Care Center:       Group Day Care Home:       Family Day Care Home:

Indicate the name of the legal entity that operates the facility named above. The legal entity name is the name of the person, partnership, association, organization, corporation or governmental body responsible for the operation of the facility.

**NAME OF LEGAL ENTITY:**

Indicate the address to which mail is to be delivered to the legal entity named above.

**MAILING ADDRESS OF LEGAL ENTITY:**

Street:

City:

State:

Zip Code:

**TYPE OF OPERATION** (Check one):

Profit

Non-profit (Requires proof of tax-exempt status from the IRS)

**TYPE OF OWNERSHIP** (Check one):

Individual

Partnership

Corporation

Other

**ATTACH TO THIS INFORMATION:**

- **A COPY OF THE CURRENT LICENSE OR CERTIFICATE ISSUED BY YOUR STATE NOTING LEGAL OPERATION OF A CHILD DAY CARE FACILITY; AND**
- **A COMPLETED FEDERAL TAX INFORMATION FORM AND SUPPORTING DOCUMENTATION.**

By signing, I indicate that the information provided on this form and all attachments is true and accurate to the best of my knowledge.

\_\_\_\_\_  
NAME (Type or Print)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE