

**The Office of Child Development and Early Learning  
Regulated Out-of-State Provider Child Care Facility Information  
Pennsylvania's Subsidized Child Care Program**

(Please print or type)

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

**NAME OF LOCATION:**

**ADDRESS OF LOCATION:**

Street:

City:

State:

Zip Code:

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

**LOCATION CAPACITY:**

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

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

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

**NAME OF LEGAL ENTITY:**

Indicate the address to which mail is to be delivered for 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 care facility.
- 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