



Rating Only Program Type and Licensed Capacity Verification

Directions: Please complete this form and return it to the Quality First coordinator.

Site Name:		Physical Address:		
Quality First ID#:	Program Type:		For Profit	Non-Profit
Your Name:		Telephone Number:		
DHS License Number:		DES Identification Number:		
Total Licensed Capacity For All Children:		Total Licensed Capacity for Children 0-5:		
Ages served:	Infants	1 yr olds	2 yr olds	3, 4, 5 yr olds

Mark all that apply:

<input type="checkbox"/>	Charter School	For income tax purposes, reports revenue using the charter school's tax ID number.
<input type="checkbox"/>	Church	For income tax purposes, is a church or an integrated auxiliary of a church.
<input type="checkbox"/>	Faith-Based	Engages in religious instruction and/or worship as part of the child care activities/program.
<input type="checkbox"/>	Family/Home Child Care	A site licensed or certified for home-based childcare.
<input type="checkbox"/>	Head Start/Early Head Start	Recognized by the National Head Start Association, including Early Head Start Community Partnership sites.

	Multi-site	A child care provider with multiple locations in Arizona (e.g., a corporate child care chain).
	Multi-state	A child care provider with locations in other states.
	School District	For income tax purposes, reports revenue using the public school district's tax ID number.
	Subsidiary Corporation	A child care company that is owned by a parent company (e.g., KinderCare Education and Learning Care Group, Inc. are parent companies).
	Tribal	Owned and operated by a tribe or its designated agency.
	None of the above	

Signature

By completing this form, the signee certifies that they are authorized to sign on behalf of the participating site, identified above.

Name *Signature* *Date*