**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:

|  |  |  |
| --- | --- | --- |
|  | Charter School  | For income tax purposes, reports revenue using the charter school’s tax ID number. |
|  | Church  | For income tax purposes, is a church or an integrated auxiliary of a church. |
|  | Faith-Based  | Engages in religious instruction and/or worship as part of the child care activities/program. |
|  | Family/Home Child Care  | A site licensed or certified for home-based childcare. |
|  | 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* |