

Participant Name and Address:	Participant ID#:
	Phone Number:
Participant Signature:	Coaching Agency Name:
Participant Name:	Date Form Completed:

Directions: Please complete this form and return it to your Quality First Coordinator or Coach

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.
<input type="checkbox"/>	Multi-site	A child care provider with multiple locations in Arizona (e.g., a corporate child care chain).
<input type="checkbox"/>	Multi-state	A child care provider with locations in other states.
<input type="checkbox"/>	School District	For income tax purposes, reports revenue using the public school district's tax ID number.
<input type="checkbox"/>	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).
<input type="checkbox"/>	Tribal	Owned and operated by a tribe or its designated agency.
<input type="checkbox"/>	None of the above	

Choose one:

<input type="checkbox"/>	For-Profit
<input type="checkbox"/>	Non-Profit