

**ON MY WAY (OMW) PROVIDER INFORMATION PAGE** (V3-18)

**PROVIDER:** Please complete all information and sign the form in the box on the bottom left. **OMW PARENT/GUARDIAN** must sign this form to certify choice.

Parent (Guardian) Name \_\_\_\_\_ Date Completed \_\_\_\_\_

Caregiver's Name \_\_\_\_\_ Business Name (if applicable) \_\_\_\_\_

Street Address (where care is provided) \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Social Security or EIN Number (last 4 digits only) \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Pre-K program hours \_\_\_\_\_ Days (Please circle) S M Tu W Th F S

Type of OMW Provider	
<input type="checkbox"/> Licensed Home	License # _____
<input type="checkbox"/> Licensed Center	License # _____
<input type="checkbox"/> Registered Ministry	Registration # _____
<input type="checkbox"/> License Exempt Facility	
<input type="checkbox"/> Public, private or charter school	
<input type="checkbox"/> Other:	

Child's Name (first & last)	Child's Date of Birth	Current Charge OMW Pre-K Weekly	Current Charge						Provider's Current Paths to QUALITY™ Level

**On My Way (OMW) Program Year**  
 Begins \_\_\_\_\_ Ends \_\_\_\_\_

**If you are a public, private, or charter school, does your OMW Pre-K program include wrap-around care? \_\_\_\_\_ No \_\_\_\_\_ Yes**  
*If no, please provide a school calendar.*

**Are you related to the children listed above? \_\_\_\_\_ If yes, explain \_\_\_\_\_**

**PLEASE NOTE:** Eligible providers must demonstrate compliance with CCDF Minimum Standards prior to participation in this program.

**Parent / Guardian:** Your caregiver must complete this information in its entirety. Your OMW provider must allow unscheduled visits by a parent or legal guardian to their child care program during the hours the child care program is in operation. **Please bring the completed form to your appointment to assist in prompt completion of your OMW vouchers.** In signing below, I certify this OMW provider is my choice:

**Signed,** \_\_\_\_\_

Consistent participation in a Pre-K program is essential to a strong educational foundation; however, if you need to make a provider change, you must obtain new vouchers prior to attendance or payment for care may become your responsibility. All requests must be submitted to the local intake office by noon on Thursday the week prior to your child's start date.

**If you have any questions, please contact your local intake:**

**PROVIDER AFFIRMATION**

I affirm the information provided on this application form is true and correct. Further, I affirm child care will be provided at the address listed above and agree to comply with the rules and regulations of the CCDF program. available on [www.childcarefinder.in.gov](http://www.childcarefinder.in.gov). I also understand I must allow unscheduled visits by a parent or legal guardian to my child care program during the hours my child care program is in operation. In signing this application, I certify I am the individual listed above or the authorized designee.

Signed, \_\_\_\_\_