



The Big Sky Country

MONTANA STATE LEGISLATURE

2015 CHILD CARE PROVIDER FORM

Facility Name _____

Last Name _____ First Name _____

Other Contact (s) _____

Primary Contact Phone # _____ Other Phone # _____

Email Address _____ Website _____

Provider Physical Address _____

Provider Mailing Address _____

Type of Provider _____

Please describe your facility setting _____

Please list all licenses, certifications, & qualifications _____

License Information:

☐ Regulated/Licensed

☐ Registered

☐ Exempt

If licensed, please list PV number _____ Total licensed capacity _____

Total number of vacancies with dates _____

Please describe your child care experience _____

Are you CPR certified? _____

Have you had a background check (Child Protective Services or Criminal)? _____

Hours of operation _____

Do you offer extended hours or weekend care? _____

Rates _____

Do you provide meals? _____

Do you provide any transportation? _____

Mailing Address:

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Questions:

(406)444-4819