

## SPECIAL CHILD CARE FUNDING PROGRAM APPLICATION

**For Licensed Center-Based Programs  
Not Currently Serving ACS Subsidized Children**

*This form is to be utilized for SCCF funded child care services only.*

<b>Program Name:</b>	<b>Federal Tax Identification Number:</b>			
<b>Program Address:</b>				
_____ Street No.	_____ Street Name			
_____ City/Township	_____ State			
_____ Zip Code	_____ Borough			
(        ) Program Telephone				
_____ Director's Name				
_____ Contact Person				
<b>CHILD CARE INFORMATION</b>				
	<b>Low Age</b>	<b>High Age</b>	<b>License Capacity</b>	<b>DoHMH License/Permit #</b>
<b>INFANT</b>				
<b>TODDLER</b>				
<b>PRESCHOOL</b>				
<b>SCHOOL AGE</b>				
<b>HOURS OF OPERATION</b> Check all that may apply				
<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday				
Hours Open: _____ Close: _____				