



**The Pennsylvania State University
Student-Parent Child Care Subsidy Program
Child Care Provider Contact Form**

Child Care Provider:		Tax ID #:	
Address:		City:	State: Zip Code:
Phone Number:	Fax Number:	Web Address:	

Please complete the information below for the designated contact person(s) to receive communication regarding The Student-Parent Child Care program.

First Name:		Last Name:	
Title:	Phone Number:	Fax Number:	
Email Address:	Communication Required: <input type="checkbox"/> Award Letters <input type="checkbox"/> Billing <input type="checkbox"/> Child Enrollment Inquiries		
First Name:		Last Name:	
Title:	Phone Number:	Fax Number:	
Email Address:	Communication Required: <input type="checkbox"/> Award Letters <input type="checkbox"/> Billing <input type="checkbox"/> Child Enrollment Inquiries		
First Name:		Last Name:	
Title:	Phone Number:	Fax Number:	
Email Address:	Communication Required: <input type="checkbox"/> Award Letters <input type="checkbox"/> Billing <input type="checkbox"/> Child Enrollment Inquiries		

Please Note: This form only needs to be submitted once annually*