



Date ELC Received _____

Provider Update Form

Child care providers in Florida are asked to provide their local early learning coalition with updated information about their programs each year. The information collected on child care businesses helps with state and federal reporting, statewide child care analysis and captures statewide and local child care trends impacting communities. This information benefits your program, as well as families in their search for a child care provider. Thank you in advance for taking the time to provide your information.

*All fields on this page are REQUIRED , if applicable to your program.						
Name of Person Filling Out Form:						
Date Form Completed:						
Business Name: <small>(as on License/Registration or name registered with DCF)</small>						
Doing-Business-As Name:						
Owner Name:						
Director Name:						
Location Address:	City:	County:	Zip Code:			
Mailing Address:	City:	County:	Zip Code:			
Phone:	Alternate Phone:					
Email:	Fax:					
Provider Type (check one):	<input type="checkbox"/> Center	<input type="checkbox"/> Family Child Care Home (FCCH)	<input type="checkbox"/> Large FCCH	<input type="checkbox"/> School-age Only	<input type="checkbox"/> Private School	<input type="checkbox"/> Public School
Legal Status (check one):	<input type="checkbox"/> Licensed		<input type="checkbox"/> Registered		<input type="checkbox"/> Exempt	
Faith Based:	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Exemption Type (check one):	<input type="checkbox"/> Religious Exempt	<input type="checkbox"/> Camp	<input type="checkbox"/> Non Public School	<input type="checkbox"/> Public School	<input type="checkbox"/> School Age	
DCF/Local Licensing ID:			Licensing Expiration Date:			

EARLY LEARNING COALITION OF MIAMI DADE/MONROE
2555 PONCE DE LEON BLVD. SUITE 500, CORAL GABLES, FL. 33134



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