



Provider Application Form

Name: _____ Email address: _____

Address: _____ City: _____ ZIP: _____

Phone #: _____ Cell #: _____ Birthdate: _____

1. Why would you like to be a member of Satellite Family Child Care?

2. How did you hear about Satellite Family Child Care?

3. Describe any experience or education that prepares you to provide child care:

4. Are you currently providing Family Child Care in your home? yes no
If yes, for how long? _____

5. Satellite members must be regulated. What's the date of your child care regulation?
4-C Certification: _____ and/or State License: _____
 - In the past twelve months, have you been found to be in violation of any State Licensing or 4-C Certification Standards? Yes No
 - Have you ever been denied a State Family Child Care License or 4-C Certification? Yes No
If yes, please explain. _____

6. Have you or any member of your household ever been convicted of any crimes, including physical or sexual abuse, or the neglect of children? Yes No
If yes, please explain: _____

7. You will be required to have a current health exam and TB test. Do you have any health or medical concerns? Yes No If yes, please explain: _____

8. The City of Madison has an ordinance requirement that Madison Accredited child care centers and homes may not exhibit religious bias in enrollment, instructional policies, practices or materials? Do you engage in religious teaching or practices when children are in care? Yes No If yes, please explain: _____

9. Present or most recent employer: _____
Dates of employment: _____ Reason for leaving: _____

10. Please list name and birthdate of all children living in your home:

1.	BD:	3.	BD:
2.	BD:	4.	BD:

11. Please list all other adult members of your household:

Name	Relationship	Birth date
1.		
2.		

12. List three people not related to you who could give a reference on your qualifications as a family child care provider. At least one of these people should have seen you caring for young children. All references will be verified.

Name _____ Address _____
City _____ State _____ Zip _____ Phone _____
Email address: _____

Name _____ Address _____
City _____ State _____ Zip _____ Phone _____
Email address: _____

Name _____ Address _____
City _____ State _____ Zip _____ Phone _____
Email address: _____

13. Is there anything else you would like us to know about you or your child care program?

Satellite Family Child Care does not discriminate in providing services on the basis of race, age, disability, gender, sexual orientation, religion, or national origin. Misrepresenting any information given in this application is grounds for denying or terminating Satellite Membership. **I hereby certify that all the information given in this application is true to the best of my knowledge.**

Signature _____ Date _____

RETURN COMPLETED APPLICATION TO: Satellite Family Child Care
2096 Red Arrow Trail, Madison, WI 53711 Or by email to: SatelliteFCC@dcpcinc.org

A \$25 Enrollment Fee will be collected upon your enrollment in Satellite OR if you meet the income eligibility guidelines, as listed on the "Request for Provider Fee Reduction" form the enrollment fee will be waived.