



## Voucher Provider Contact Information

Please complete the following information.

<b>Federal Tax ID #:</b>	
<b>Program Name</b> as it appears on your EEC License:	
<b>Mailing Address for Checks and Billing:</b>	
<b>Program Telephone Number:</b>	<b>Fax Number:</b>
<b>Name of Parent Agency:</b>	
<b>Mailing Address for Parent Agency:</b>	
<b>Program Director's Name:</b>	
<b>Program Director's Telephone #:</b>	<b>Program Directors E-mail:</b>
<b>Name of Person Responsible for Voucher Enrollment:</b>	
<b>Voucher Enrollment Person's Telephone #:</b>	<b>Voucher Enrollment Person's E-mail:</b>
<b>Billing Person's Name:</b>	
<b>Billing Person's Telephone #:</b>	<b>Billing Person's E-mail:</b>

Turn Over



*Early education and care  
and out of school time care.*

105 Chauncy Street, 2nd Floor, Boston, MA 02111  
Phone (617) 542-KIDS (5437) Fax (617) 292-4629  
[www.ChildCareChoicesofBoston.org](http://www.ChildCareChoicesofBoston.org)  
[www.Bostonabcd.org](http://www.Bostonabcd.org)



**Child Care Choices of Boston**  
A program of Action for Boston Community Development, Inc.

<b>Executive Director's Name:</b>	
<b>Executive Director's Mailing Address:</b>	
<b>Executive Director's Telephone #:</b>	<b>Executive Director's E-mail:</b>
<b>Location of care program name and address:</b>	
<b>Is your organization:</b> <input type="checkbox"/> For Profit <input type="checkbox"/> Not For Profit	
<b>Does your parent company have a Basic Contract with EEC?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>If yes, in which EEC region(s)?</b> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	
<b>Does your program provide transportation?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
***If yes, you must return a copy of your programs transportation policy.	
<b>Does your program offer any discounted rates?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>If yes, which:</b> <input type="checkbox"/> sibling discount <input type="checkbox"/> employee discount <input type="checkbox"/> sliding scale based on income	
<b>Other:</b>	
Note: Any discounts are also applied to voucher rates.	
<b>Signature:</b>	<b>Date:</b>
<b>Print Name of Signer:</b>	<b>Title of Signer:</b>

**\*\*\*Please note that it is your responsibility to report any changes to Child Care Choices of Boston\*\*\***