

Application for Child Care Stipends (Certified and Licensed Family Child Care Programs)

Applicant Information

Name: _____ Date: _____
Last First

Phone: _____ Email _____

Program Name: _____

Program Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Provider and Location number: _____

Does your program accept WI Shares payments? YES NO

Does your program currently have children ages 0-1 year old enrolled YES NO

If yes, how many _____

Does your program currently have children ages 1 year - 2 years old enrolled YES NO

If yes, how many _____

Does your program currently have children over the age of 2 years old enrolled YES NO

If yes, how many _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____ Date: _____