

CCR&R Information Update Form

First Name _____ **Last Name** _____

Home Address _____

City & Zip _____

County _____ **Registry Member ID#** _____

Phone Number to call in case of a change or cancellation _____
 (If no number is provided, we will be unable to contact you.)

Place of Work _____

Work Phone Number _____

Email Address _____

Please Check One:

<input type="checkbox"/> Family Child Care Owner	<input type="checkbox"/> Center Director
<input type="checkbox"/> Family Child Care Staff	<input type="checkbox"/> Center Assistant Director
<input type="checkbox"/> Family Child Care Group Home Owner	<input type="checkbox"/> Center Teacher
<input type="checkbox"/> Family Child Care Group Home Staff	<input type="checkbox"/> Center Assistant Teacher
<input type="checkbox"/> Faculty	<input type="checkbox"/> Parent
<input type="checkbox"/> Licensed Exempt Family Child Care Provider	<input type="checkbox"/> Other

The Primary Age Group you are Currently Serving for Centers, FCC can check more than one

<input type="checkbox"/> Infant	<input type="checkbox"/> Toddler	<input type="checkbox"/> Two Year Olds
<input type="checkbox"/> Three - Five	<input type="checkbox"/> School-age	<input type="checkbox"/> Youth
<input type="checkbox"/> None		

Are you licensed by DCFS?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	Do you currently serve children on the Child Care Assistance Program?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
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