



## Local 2/Hospitality Industry Child & Elder

Care Plan

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### CHILD CARE PROVIDER FORM

Dear Child Care Professional:

The form on the back of this letter pertains to a benefit designed to reimburse parents for costs associated with **licensed or legally licensed-exempt child care**. The Local 2/Hospitality Industry Child & Elder Care Plan requires parents **and** their child care providers to complete the form on the back of this page.

If you have any questions, please don't hesitate to call or email us. We appreciate your cooperation.

### 托儿服务提供者表格

亲爱的托儿专业人士：

在本信背面的表格涉及一项有回款的福利，回款适用于**有牌照或合法豁免牌照托儿服务**相关的费用。本地 2 号工会/酒店业儿童和耆英护理计划要求每一位家长**和**他们的托儿服务提供者填写本信背面的表格。

如有任何疑问，请随时致电或发送电子邮件给我们。我们感谢您的配合。

### FORMULARIO DE PROVEEDOR DE CUIDADO INFANTIL

Estimada Profesional de Cuidado Infantil,

El formulario que se encuentra al reverso pertenece al beneficio diseñado para proporcionar reembolsos para los gastos asociados con una **guardería acreditada o legalmente exento de tener licencia**. El Local 2/El Plan de Cuidado de Niño y Ancianos de la Industria de la Hospitalidad requiere que cada participante **y** el prestador de servicios del cuidado llene el formulario que esta al reverso de esta página.

Si tiene algunas preguntas, no duden en llamar o mandar un correo electrónico. Le agradecemos su cooperación.

## Parents – Please Complete

\_\_\_\_\_  
Print Name of Local 2 Member

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Name of Child: \_\_\_\_\_



## Child Care Providers - Please Complete

Name of Program: \_\_\_\_\_

\_\_\_\_\_  
Name of Provider or Director (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Email

Type of Program:   Preschool \_\_\_\_\_

Kindergarten \_\_\_\_\_

Transitional Kindergarten (TK) \_\_\_\_\_

Before/after school care \_\_\_\_\_

Days & hours child attends program: M \_\_\_\_\_ T \_\_\_\_\_ W \_\_\_\_\_ T \_\_\_\_\_ F \_\_\_\_\_ S \_\_\_\_\_ S \_\_\_\_\_

### Program information:

**License exempt child care** – a program that can legally operate without a license. If you are a license- exempt provider, please check what category applies to your license-exempt status.

\_\_\_\_public or private school offering child care

\_\_\_\_public or private school offering before or after school programs/extended day care

\_\_\_\_recreation program operated by Boy & Girl Scouts, Boys & Girls Club, YMCA, and similar organizations

\_\_\_\_public recreation program

\_\_\_\_Attach: 1. Program brochure 2. Schedule and activities

\_\_\_\_Attach: Tax ID

**A program licensed** through Community Care Licensing, California Department of Social Services.

\_\_\_\_Attach: Program license