



Seattle Department of
Education & Early Learning



CHILD CARE ASSISTANCE PROGRAM CCAP PROVIDER INTEREST FORM

Please complete form and return via email to: ccap-provider-help@seattle.gov

PROVIDER/AGENCY NAME:	DATE:
SITE ADDRESS:	
DEPT CHILDREN YOUTH FAMILIES DCYF LICENSE #:	
DCYF LICENSOR'S NAME:	
CITY OF SEATTLE BUSINESS LICENSE # :	
PREFERRED COMMUNICATION LANGUAGE:	
LANGUAGES SPOKEN IN PROGRAM:	
DO YOU HAVE BUSINESS LIABILITY INSURANCE:	

CONTACT NAME:	POSITION:	
MAILING ADDRESS:		
CITY:	STATE:	ZIP:
PHONE NUMBER:	E-MAIL:	

PROGRAM SERVICE INFORMATION		
CAPACITY:	HOURS OPEN:	WEEKENDS: YES <input type="checkbox"/> NO <input type="checkbox"/>
AGES SERVED:		
CHILD OPENINGS/VACANCIES BY AGE GROUPS		
INFANT:	PRESCHOOL:	
TODDLER:	SCHOOL AGE:	

PARENT /CAREGIVER REFERRAL - Are any current families waiting to use a CCAP voucher at your site?	
YES	NO
HOW LONG HAS THE CHILD BEEN WITH THE PROGRAM?	

City of Seattle Department of Education and Early Learning Child Care Assistance Program
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