

Clear Fields

ADDRESS INFORMATION (REQUIRED)

Name of Building or Business		Telephone Number	
Address	City	State	ZIP Code
License/Certification Number			
<input type="text"/>			

Name of Child Care Provider/Owner/Owner's Authorized Representative	
Signature of Child Care Provider/Owner/Owner's Authorized Representative	Date

Retain a copy of the completed agreement.

If you have questions or concerns, contact Child Care Assistance Program Policy:
Toll Free: 1-800-755-2716
Fax: 1-701-328-1060
Email: ccap@nd.gov