



4Cs will pay one Provider

TrustLine Application needs to be returned within 7 days for Exempt Non-Relative Providers

Today's Date:

Adding a Child Adding a Provider or Changing a Provider

Parent Name:		Social Security #:		
Provider Name:		First Day of Care: ____/____/____	Last Day of Care: ____/____/____	
*** Care can only start Two Weeks from Today ***				
Provider Address:				
Provider Phone Number:		Does the provider offers the child a large school readiness experience? Yes <input type="checkbox"/> or No <input type="checkbox"/>		
Is the provider Licensed <input type="checkbox"/> or Non Licensed <input type="checkbox"/>		Has the Provider been Trust-lined? Yes <input type="checkbox"/> or No <input type="checkbox"/>		
Does the exempt provider provide child care for other families? Yes <input type="checkbox"/> or No <input type="checkbox"/>				
Child 1 Name:		DOB: ____/____/____		
		Care is being provided in Child's Home <input type="checkbox"/> or Provider's Home <input type="checkbox"/>		
** Following box is for school age kids only **		Is the child potty trained? Yes <input type="checkbox"/> or No <input type="checkbox"/>		
Child's School Name/Schedule:		Child's School District:		
Monday	Tuesday	Wednesday	Thursday	Friday
In	In	In	In	In
Out	Out	Out	Out	Out
Child 2 Name:		DOB: ____/____/____		
		Care is being provided in Child's Home <input type="checkbox"/> or Provider's Home <input type="checkbox"/>		
** Following box is for school age kids only **		Is the child potty trained? Yes <input type="checkbox"/> or No <input type="checkbox"/>		
Child's School Name/Schedule:		Child's School District:		
Monday	Tuesday	Wednesday	Thursday	Friday
In	In	In	In	In
Out	Out	Out	Out	Out
Child 3 Name:		DOB: ____/____/____		
		Care is being provided in Child's Home <input type="checkbox"/> or Provider's Home <input type="checkbox"/>		
** Following box is for school age kids only **		Is the child potty trained? Yes <input type="checkbox"/> or No <input type="checkbox"/>		
Child's School Name/Schedule:		Child's School District:		
Monday	Tuesday	Wednesday	Thursday	Friday
In	In	In	In	In
Out	Out	Out	Out	Out
Child 4 Name:		DOB: ____/____/____		
		Care is being provided in Child's Home <input type="checkbox"/> or Provider's Home <input type="checkbox"/>		
** Following box is for school age kids only **		Is the child potty trained? Yes <input type="checkbox"/> or No <input type="checkbox"/>		
Child's School Name/Schedule:		Child's School District:		
Monday	Tuesday	Wednesday	Thursday	Friday
In	In	In	In	In
Out	Out	Out	Out	Out

Licensed-Exempt providers will need to complete Live Scan