

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"/>	Other	<input type="checkbox"/>	

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
	<input type="checkbox"/>					<input type="checkbox"/>			