# CHILD CARE ASSISTANCE (CCA)
# PROVIDER INFORMATION

*Please complete this form in its entirety.*

| | | |
|---|---|---|
| **Facility Name or Individual Name (if Registered Home):** | **HHSC Permit Number:** | **Permit Effective Date:** |
| **Physical Address:** | **City, State:** | **Zip Code + 4 digits:** |
| **County:** | **Business Phone Number:** | **Fax Number:** |
| **Mailing Address:** | **City, State:** | **Zip Code + 4 digits:** |
| **Other Languages Spoken:** | **Website:** | |

## ADDITIONAL SERVICES PROVIDED

*Check all that apply*

| | | | |
|---|---|---|---|
| ☐ **Drop in care** | ☐ **Evening care** | ☐ **Get well care** | ☐ **Overnight care** |
| ☐ **Part time (less than 5 days/week)** | ☐ **Special needs care** | ☐ **Special skills classes** | ☐ **Transportation provided** |
| ☐ **Weekend care** | ☐ **Nationally Accredited. Please list organization that issued the accreditation:** | | |

## PARTNERSHIPS

| | | |
|---|---|---|
| ☐ PreK 3<br>List school district: | ☐ PreK 4<br>List school district: | ☐ Early Head Start ☐ Head Start<br>Partner organization: |

## PROGRAM CONTACTS

| | |
|---|---|
| **Program Director Information**<br>First and Last Name:<br>Phone Number:<br>Email:<br>Alternate Phone Number: | **Owner/Owner Representative Information**<br>First and Last Name:<br>Phone Number:<br>Email:<br>Alternate Phone Number: |
| **Additional Contact**<br>First and Last Name:<br>Phone Number:<br>Email:<br>Alternate Phone Number:<br>Role: ☐ Co-Director ☐ Assistant Director ☐ Employee<br>☐ Household Member ☐ Other: | **Additional Contact**<br>First and Last Name:<br>Phone Number:<br>Email:<br>Alternate Phone Number:<br>Role: ☐ Co-Director ☐ Assistant Director ☐ Employee<br>☐ Household Member ☐ Other: |
| **Additional Contact**<br>First and Last Name:<br>Phone Number:<br>Email:<br>Alternate Phone Number:<br>Role: ☐ Co-Director ☐ Assistant Director ☐ Employee<br>☐ Household Member ☐ Other: | **Additional Contact**<br>First and Last Name:<br>Phone Number:<br>Email:<br>Alternate Phone Number:<br>Role: ☐ Co-Director ☐ Assistant Director ☐ Employee<br>☐ Household Member ☐ Other: |

## SCHOOL DISTRICT INFORMATION

Please list all school districts that children in your care attend:

1.
2.
3.
4.

## HOURS OF OPERATION

*Please list the hours of operation for the program and include if am or pm.*

| | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY | SUNDAY |
|---|---|---|---|---|---|---|---|
| **START TIME** | | | | | | | |
| **END TIME** | | | | | | | |

## HOLIDAYS AND PLANNED CLOSURES

Licensed and Registered programs enrolled in CCA will be paid for each child referred for up to twelve (12) holidays/pre-planned closures during each calendar year. All closure dates must be provided in writing and in advance of the closure to be paid. Changes to the closure dates must be submitted in writing.

Common holiday closures for child care programs include, but are not limited to: New Year's Day, Martin Luther King, Jr. Day, President's Day, Good Friday, Memorial Day, Juneteenth, Independence Day, Labor Day, Columbus Day, Veterans Day, Thanksgiving Day, Day after Thanksgiving, Christmas Eve, Christmas Day, Professional Development days. **Please check a calendar for the exact day of the week for holidays, as some may fall on weekends and your program may close the Friday before or the Monday after.**

Please list ALL dates your program will be closed during the calendar year with the specific date. Also indicate if the closure should be paid by CCA (up to 12) or unpaid.

**Example: 1-1-2027 versus New Year's Day**

| List all planned closure dates (MM-DD-YYYY) | Indicate if the date should be paid or unpaid by CCA | |
|---|---|---|
| Date: | ☐ Paid | ☐ Unpaid |
| Date: | ☐ Paid | ☐ Unpaid |
| Date: | ☐ Paid | ☐ Unpaid |
| Date: | ☐ Paid | ☐ Unpaid |
| Date: | ☐ Paid | ☐ Unpaid |
| Date: | ☐ Paid | ☐ Unpaid |
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| Date: | ☐ Paid | ☐ Unpaid |
| Date: | ☐ Paid | ☐ Unpaid |
| Date: | ☐ Paid | ☐ Unpaid |
| Date: | ☐ Paid | ☐ Unpaid |

Any changes to information included in this form should be submitted in writing.

| | |
|---|---|
| Signature of Owner or Authorized Representative | Date |
| Printed Name | Title |

General Blue

# 2027

## United States

### January

| S | M | T | W | T | F | S |
|---|---|---|---|---|---|---|
| | | | | | **1** | 2 |
| 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 10 | 11 | 12 | 13 | 14 | 15 | 16 |
| 17 | **18** | 19 | 20 | 21 | 22 | 23 |
| 24 | 25 | 26 | 27 | 28 | 29 | 30 |
| 31 | | | | | | |

### February

| S | M | T | W | T | F | S |
|---|---|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 | 6 |
| 7 | 8 | 9 | 10 | 11 | 12 | 13 |
| **14** | **15** | 16 | 17 | 18 | 19 | 20 |
| 21 | 22 | 23 | 24 | 25 | 26 | 27 |
| 28 | | | | | | |

### March

| S | M | T | W | T | F | S |
|---|---|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 | 6 |
| 7 | 8 | 9 | 10 | 11 | 12 | 13 |
| 14 | 15 | 16 | **17** | 18 | 19 | 20 |
| 21 | 22 | 23 | 24 | 25 | 26 | 27 |
| **28** | 29 | 30 | 31 | | | |

### April

| S | M | T | W | T | F | S |
|---|---|---|---|---|---|---|
| | | | | 1 | 2 | 3 |
| 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 11 | 12 | 13 | 14 | **15** | 16 | 17 |
| 18 | 19 | 20 | **21** | 22 | 23 | 24 |
| 25 | 26 | 27 | 28 | 29 | 30 | |

### May

| S | M | T | W | T | F | S |
|---|---|---|---|---|---|---|
| | | | | | | 1 |
| 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| **9** | 10 | 11 | 12 | 13 | 14 | 15 |
| 16 | 17 | 18 | 19 | 20 | 21 | 22 |
| 23 | 24 | 25 | 26 | 27 | 28 | 29 |
| 30 | **31** | | | | | |

### June

| S | M | T | W | T | F | S |
|---|---|---|---|---|---|---|
| | | 1 | 2 | 3 | 4 | 5 |
| 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| 13 | 14 | 15 | 16 | 17 | **18** | **19** |
| **20** | 21 | 22 | 23 | 24 | 25 | 26 |
| 27 | 28 | 29 | 30 | | | |

### July

| S | M | T | W | T | F | S |
|---|---|---|---|---|---|---|
| | | | | 1 | 2 | 3 |
| **4** | **5** | 6 | 7 | 8 | 9 | 10 |
| 11 | 12 | 13 | 14 | 15 | 16 | 17 |
| 18 | 19 | 20 | 21 | 22 | 23 | 24 |
| 25 | 26 | 27 | 28 | 29 | 30 | 31 |

### August

| S | M | T | W | T | F | S |
|---|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 8 | 9 | 10 | 11 | 12 | 13 | 14 |
| 15 | 16 | 17 | 18 | 19 | 20 | 21 |
| 22 | 23 | 24 | 25 | 26 | 27 | 28 |
| 29 | 30 | 31 | | | | |

### September

| S | M | T | W | T | F | S |
|---|---|---|---|---|---|---|
| | | | 1 | 2 | 3 | 4 |
| 5 | **6** | 7 | 8 | 9 | 10 | 11 |
| 12 | 13 | 14 | 15 | 16 | 17 | 18 |
| 19 | 20 | 21 | 22 | 23 | 24 | 25 |
| 26 | 27 | 28 | 29 | 30 | | |

### October

| S | M | T | W | T | F | S |
|---|---|---|---|---|---|---|
| | | | | | 1 | 2 |
| 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 10 | **11** | 12 | 13 | 14 | 15 | 16 |
| 17 | 18 | 19 | 20 | 21 | 22 | 23 |
| 24 | 25 | 26 | 27 | 28 | 29 | 30 |
| **31** | | | | | | |

### November

| S | M | T | W | T | F | S |
|---|---|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 | 6 |
| 7 | 8 | 9 | 10 | **11** | 12 | 13 |
| 14 | 15 | 16 | 17 | 18 | 19 | 20 |
| 21 | 22 | 23 | 24 | **25** | **26** | 27 |
| 28 | 29 | 30 | | | | |

### December

| S | M | T | W | T | F | S |
|---|---|---|---|---|---|---|
| | | | 1 | 2 | 3 | 4 |
| 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| 12 | 13 | 14 | 15 | 16 | 17 | 18 |
| 19 | 20 | 21 | 22 | 23 | **24** | **25** |
| 26 | 27 | 28 | 29 | 30 | **31** | |

### 2027 Holidays for United States

| | |
|---|---|
| Jan 1 | New Year's Day |
| Jan 18 | Martin Luther King Jr. Day |
| Feb 14 | Valentine's Day |
| Feb 15 | Washington's Birthday |
| Mar 17 | St. Patrick's Day |
| Mar 28 | Easter Sunday |
| Apr 15 | Tax Day |
| Apr 21 | Administrative Professionals Day |
| May 9 | Mother's Day |
| May 31 | Memorial Day |
| Jun 18 | Juneteenth (substitute day) |
| Jun 19 | Juneteenth |
| Jun 20 | Father's Day |
| Jul 4 | Independence Day |
| Jul 5 | Independence Day (substitute day) |
| Sep 6 | Labor Day |
| Oct 11 | Columbus Day |
| Oct 31 | Halloween |
| Nov 11 | Veterans Day |
| Nov 25 | Thanksgiving Day |
| Nov 26 | Day after Thanksgiving Day |
| Dec 24 | Christmas Day (substitute day), Christmas Eve |
| Dec 25 | Christmas Day |
| Dec 31 | New Year's Day (substitute day), New Year's Eve |