

**Child Care Provider Network For  PeaceHealth**

Lane Family Connections/Lane Community College  
4000 East 30<sup>th</sup> Avenue, Eugene, OR 97405  
(541)463-3315 or (800)222-3290 FAX (541)463-4724  
www.lanecc.edu/lfc

**PROVIDER APPLICATION**

Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Telephone: \_\_\_\_\_

Cell Telephone #: \_\_\_\_\_

Email address: \_\_\_\_\_

Circle One:    Child Care Center            Family Child Care            Certified Family Child Care

CCD License # \_\_\_\_\_            Expiration Date: \_\_\_\_\_

Accepted Age Range: From \_\_\_\_\_ TO \_\_\_\_\_  
Flexible? (CIRCLE ONE) Yes    No

Days of operation (Circle all that apply)    M    TU    W    TH    F    SA    SU  
Flexible? (CIRCLE ONE) Yes    No

Hours of operation: From \_\_\_\_\_ am pm To \_\_\_\_\_ am pm  
Flexible? (CIRCLE ONE) Yes    No

How long have you been providing child care in Oregon?

What is the best evening for you to attend network meetings?

Are you willing to commit to the Child Care Provider Network for PeaceHealth for at least one year? \_\_\_\_\_

Do you currently have any PeaceHealth families? \_\_\_\_\_ If so, how many? \_\_\_\_\_

Are you willing to have your child care business on the web (internet)? \_\_\_\_\_

Is your business on the web now? \_\_\_\_\_

**DOCUMENTATION TO SUBMIT WITH THIS APPLICATION:**

- Copy of current license with the child care division
- Copy of current liability insurance (policy or card)
- Documentation of amount of coverage in your policy
- Copy of current Oregon Registry step certificate
- Professional organization membership (PRO, OAEYC, ETC.)

I agree that the information I am submitting to the **Child Care Provider Network for PeaceHealth** is true, accurate, and up to date to the best of my knowledge. I also agree to participate in an in-home visit and personal interview.

X \_\_\_\_\_  
(Signature of Child Care Provider)

Date \_\_\_\_\_

Thank you for your application to the **Child Care Provider Network for PeaceHealth**. All Information in this application is confidential. If you have any questions or need assistance with these forms, please contact Jennifer Slater at Lane Family Connections. (541) 463-3315 [slaterj@lanecc.edu](mailto:slaterj@lanecc.edu).