

PROFESSIONAL CHILD CARE PROVIDER NETWORK OF PRINCE GEORGE'S COUNTY, INC.



PCCPNPGC, Inc. CHILD CARE DIRECTORY APPLICATION For PCCPNPGC, Inc. 2021 Members Only!

Provider or Director Name: _____

Provider or Center Name: _____
(Listed on registration/license)

Street Name: _____ City: _____ State: _____ Zip Code _____
(Street Name Only!!! House number will not be listed in the directory)

Email Address: _____ Website: _____

Phone Number: _____ Registration/License#: (Required) _____

I, _____, certify that I am the Registered/Licensed Child Care Provider or Director of the above Listed Child Care Facility and am in good standings with MSDE/OCC.

X _____
Signature

Date

**You must be in good standing with MSDE/OCC.
Please check your status before submitting at www.checkccmd.org.**

ALL information on this form must be completed and the below Release of Liability signed!!!

Release of Liability

I, _____, give my permission for Professional Child Care Provider Network of Prince George's County, Inc. to publish my above listed personal and/or business information on PCCPNPGC, Inc.'s website and in the Professional Child Care Provider Network of Prince George's County, Inc. Member Child Care Directory.

I also understand that Professional Child Care Provider Network of Prince George's County, Inc. will not be held liable for any consequences resulting from publication of my above listed personal or business information.

X _____
Signature

Date

**Please complete, sign, and submit to:
Debra Walker, 2515 Kayhill Lane, Bowie, MD 20715 or email to: pccpnpgc@gmail.com**

<p>FOR OFFICE USE ONLY:</p> <p>Date Child Care Directory Application Received: _____</p> <p>Received by: _____</p>

<p>FOR OFFICE USE ONLY:</p> <p>Registration/License _____ Capacity _____</p> <p>Date good standing with MSDE verified: _____</p> <p>Date posted in Child Care Directory: _____</p> <p>Verified by: _____ Date: _____</p>
