Rev. Nov. 2018

Early Care and Education - Training Records Information System

Facility-Provider Form

EMPLOYER NAME:____

INDICATE PROVIDER TYPE:

☐ Type I- Licensed Center License #:__L___________ ☐ Certified Family Child Care Home #:_C__________

☐ Type II-Licensed Home License #:__L___________ ☐ Head Start License # ___L____________________ *(if applicable)*

License **EFFECTIVE DATE**: ____________ License **EXPIRATION DATE**: ____________

☐ Registered Provider **R#**___________ ☐Other: ______________________________ *(Please Specify)*

MAILING ADDRESS:____

PHYSICAL ADDRESS:____

*(**Only** if different than Mailing Address)*

COUNTY:__________________CITY: ________________________STATE:__**KY**__ ZIP CODE:____________

PHONE: (_____)_______-__________ FAX: (_____)_______-_____________

MAIN EMAIL: ______________________________@___________________________________

CONTACT INFORMATION

Please indicate Owner/Director/Asst. Director who are allowed to view reports (training records, staff list)

1. BIRTHDATE: ___/___/____ Last 4 digits of SS#________ NAME:_____________________________________

   TITLE:________________________EMAIL:____

2. BIRTHDATE: ___/___/____ Last 4 digits of SS#________ NAME:_____________________________________

   TITLE:________________________EMAIL:____

3. BIRTHDATE: ___/___/____ Last 4 digits of SS#________ NAME:_____________________________________

   TITLE:________________________EMAIL:____

Note any **contacts** to be removed:

Please send completed form to:

ECE-TRIS, University Training Consortium, Eastern Kentucky University,

521 Lancaster Ave., 133 Stratton Bldg., Richmond, KY 40475 or FAX: (859)622-6838

DO NOT SEND via EMAIL

P: (859)622-8811 or Toll Free (877)312-TRIS W: https://tris.eku.edu/ece/