



**STATE OF MAINE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Office of Child and Family Services**

**Child Care Subsidy Program – Child Care Provider Information Sheet**

**\*Please have your Child Care Provider complete this form and return it to you for packet completion \***

**Child Care Provider Responsible for Completion**

1. Parent Name: \_\_\_\_\_

2. Child(ren's) Name(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. When is the child expected to attend your program? \_\_\_\_\_

**Provider Information**

1. Business Name: Mrs. Kaitie's Laugh & Learn Academy <sup>2</sup> Provider hours of operation: 6:00-5:15pm

3. Name of Contact Person: Kaitie Gilmour 4. Phone Number: 207-532-8008

5. Address: 18 High St. Houlton Maine 04730

6. Email Address: Kaitie@LaughandLearnAcademy.me

7. Do you currently participate in the Maine's Quality Ratings and Improvement System?  Yes  No

8. Provider Type: (select below)

Licensed License Number/CCSP Billing Number: 762369

License Exempt Provider **\*Background check paperwork may take up to 45 days to process\***  
**\*Additional paperwork will be sent for completion\***

- Must be 18 years old and may not reside at the same address as the child(ren); and
- Can only watch a maximum of two (2) children
- Must be a Maine resident for 6 months

**Check one:**

In Providers Home:  Unrelated  Related (must indicate relationship to child) \_\_\_\_\_

In Child's Home:  Unrelated  Related (must indicate relationship to child) \_\_\_\_\_

School Age Program/Recreational

9. What is your QRIS Step Level: 2

By signing below you acknowledge that the **Child Care Subsidy Program does not pay retroactively** and the parent is responsible for all payments until you receive an award letter. If you are a new provider to the Child Care Subsidy Program you will be receiving additional paperwork that needs to be completed.

Providers Name (Print): Kaitie Gilmour Preferred Language: English

Provider's Signature:  Date: \_\_\_\_\_

**\*Signature Required-Please sign, date and return to the following address:**

Department of Health and Human Services  
Office of Child and Family Services  
Child Care Subsidy Program  
2 Anthony Avenue  
11 State House Station  
Augusta, ME 04333-0011

Tel: (207) 624-7999

Fax: (207) 287-6308

Toll Free: 1-877-680-5866

TTY users call Maine relay 711

Email: [CCSP.DHHS@Maine.gov](mailto:CCSP.DHHS@Maine.gov)