

Early Care and Education - Training Records Information System

Facility Information 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 if Potential Provider)

MAILING
ADDRESS: _____

PHYSICAL
ADDRESS: _____

(Only if different than Mailing Address)

COUNTY: _____ CITY: _____ STATE: KY ZIP CODE: _____

PHONE: (____) _____ - _____

FAX: (____) _____ - _____

MAIN EMAIL: _____ @ _____

CONTACT INFORMATION

Please indicate title category of Owner, Director, Assistant Director or Office Administrator for permission to view Reports for this employer. Must have an ECE-TRIS account.

1. BIRTHDATE: ____/____ (Month and Day **Only**) NAME: _____

TITLE CATEGORY: _____ EMAIL: _____

2. BIRTHDATE: ____/____ (Month and Day **Only**) NAME: _____

TITLE CATEGORY: _____ EMAIL: _____

3. BIRTHDATE: ____/____ (Month and Day **Only**) NAME: _____

TITLE CATEGORY: _____ EMAIL: _____

Note any **contacts** (not for staff removal) to be removed:

Submit to ECE TRIS by Email to ecetris@eku.edu

Visit us on the Web: <https://ece.trc.eku.edu>