

# 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:**

Fax: (859)622-6838

Email: [ecetris@eku.edu](mailto:ecetris@eku.edu)

Upload: <https://tris.eku.edu/SecureFiles/login.aspx>

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