



**2009 Licensed Family Child Care  
Provider of the Year Nomination Form**

Child Care Provider's Name \_\_\_\_\_

City \_\_\_\_\_ Phone \_\_\_\_\_

What is your relationship to this provider? \_\_\_\_\_

Why are you nominating this provider? \_\_\_\_\_

\_\_\_\_\_

Please list this provider's strengths and contributions to the child care profession.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Please attach a separate sheet if necessary.

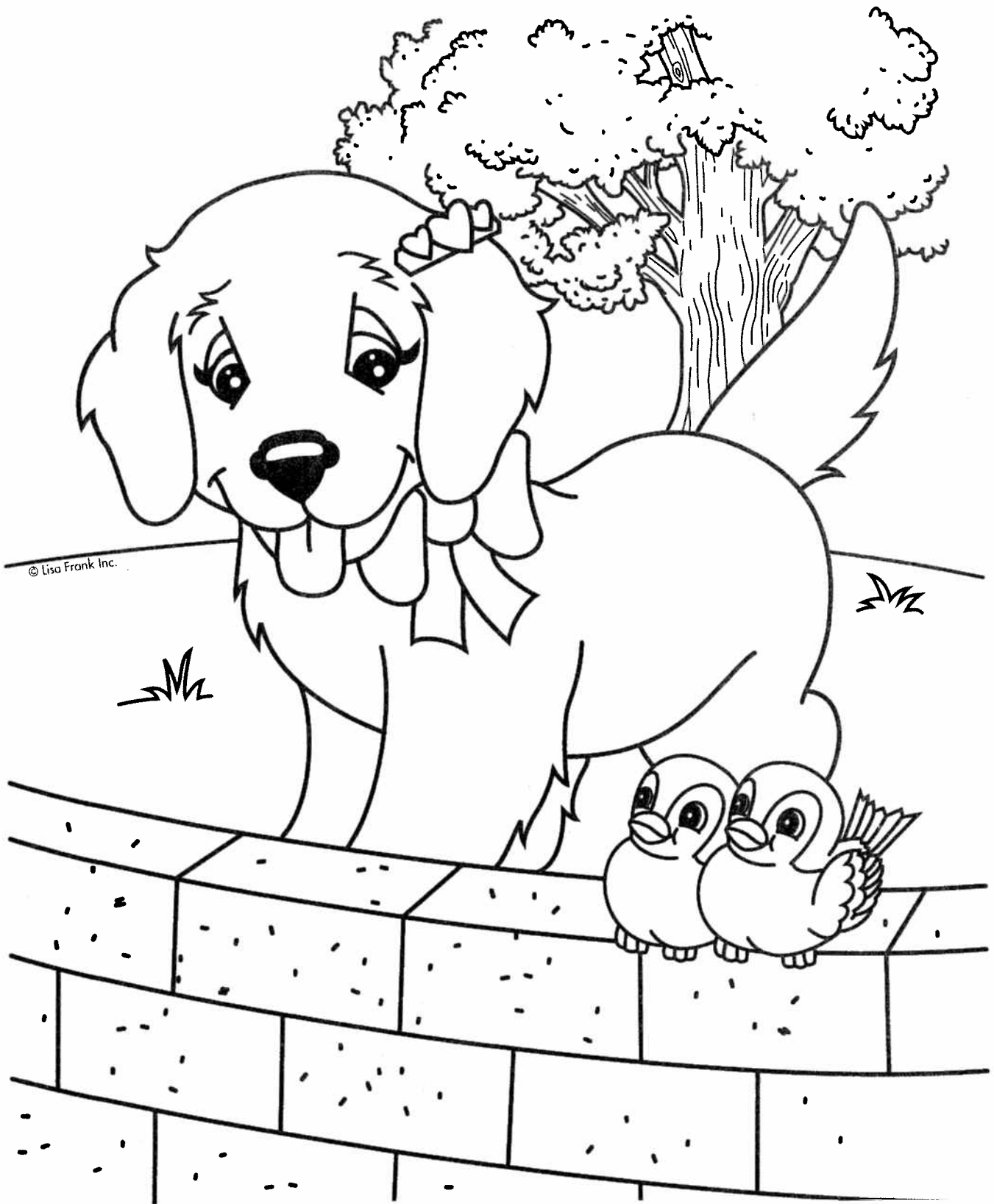
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|---------------------------------------|---|
| 5. _____ Preschool curriculum offered | _____ Available for emergency care                        |
| _____ Spanish offered                 | _____ Substitute offered when provider<br>Is unavailable. |
| _____ Sign language offered           | _____ Field trips offered                                 |
| _____ Art/Craft time                  | _____ promotes in home daycare in the community           |
| _____ Cooking with children           | _____ Other   |

How did you hear about Provider of the Year Nominations? \_\_\_\_\_

Submitted by: \_\_\_\_\_  
Name/Address/Phone

Please mail to CCLCCA-Att: P of Y Nomination Committee-413 Ridge Road, Mayer, MN 55360. If you have any question, please call Deb Templeman at 952/657-2400. Nominations must be received by January 31, 2009; to be valid.

Please make additional copies of this form as needed or visit our website at [www.cclchildcare.org](http://www.cclchildcare.org).



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\_\_\_\_\_

Child's Name

\_\_\_\_\_

Child's Age

\_\_\_\_\_

Parent's Name

\_\_\_\_\_

Phone Number