

T.E.A.C.H. Early Childhood ® NEVADA
AGENCY PROFILE FORM

Center/Home

Name _____

License/Registration # _____ County _____

Director's Name _____ Today's Date _____

Location Address

Mailing Address

zip _____
phone () _____
fax () _____

zip _____

If **BILLS** should be sent to a different address, please indicate below:

Name _____
Address _____
zip _____
phone () _____
fax () _____

NAEYC Accredited? Yes No

Other Accreditation? _____

Auspice (sponsorship): For-Profit Non-Profit Head Start

Religious/Church Public School

Number of children licensed/registered to care for: _____ # currently enrolled: _____

Return your completed agency profile to:

T.E.A.C.H. Early Childhood ® Nevada
680 S. Rock Blvd
Reno, NV 89502
Or
Email it as an attachment to:
teach@nevaeyc.org