NEW YORK STATE

OFFICE OF CHILDREN AND FAMILY SERVICES

**REFERENCES**

**Child Day Care Program**

Instructions:

* Please provide complete information for two people (one employment reference and one personal reference) we can contact.
* Relatives may **NOT** be used as references
* If you have been employed outside the home, please include an employer as one of your references
* Please **PRINT** clearly

|  |  |  |
| --- | --- | --- |
| Program Name: **Yaks Youth Center, Llc** |  | FACILITY ID Number:**887911** |
| Name: |

|  |  |  |
| --- | --- | --- |
| **TYPE OF PROGRAM** | **Family Day Care, Group Family Day Care and Small Day Care Centers** | **Day Care Center and School-Age Child Care** |
| **ROLE IN PROGRAM** | [ ]  Provider[ ]  Assistant[ ]  Substitute | [ ]  Director[ ]  Teacher[ ]  Volunteer |

**Reference #1 (Required)**

Please check appropriate reference type: [ ]  Personal [ ]  Employment

|  |  |
| --- | --- |
| [ ]  Mr. [ ]  Mrs.[ ]  Ms. | NAME *(Last, First, MI):*      |
| BUSINESS NAME:       | APT:      | flOOR:      |
| ADDRESS:      |
| CITY:       | STATE:      | ZIP:      |
| daYtIME PHONE:(     )       -       | E-MAIL:      |
| Does reference speak English? [ ]  Yes [ ]  No If NO, please specify language spoken:       |

**Reference #2 (Required)**

Please check appropriate reference type: [ ]  Personal [ ]  Employment

|  |  |
| --- | --- |
| [ ]  Mr. [ ]  Mrs. [ ]  Ms. | NAME *(Last, First, MI):*      |
| BUSINESS NAME:       | APT:      | flOOR:      |
| ADDRESS:      |
| CITY:       | STATE:      | ZIP:      |
| daYtIME PHONE:(     )       -       | E-MAIL:      |
| Does reference speak English? [ ]  Yes [ ]  No If NO, please specify language spoken:       |

**Reference #3 (Optional)**

Please check appropriate reference type: [ ]  Personal [ ]  Employment

|  |  |
| --- | --- |
| [ ]  Mr. [ ]  Mrs. [ ]  Ms. | NAME *(Last, First, MI):*      |
| BUSINESS NAME:       | APT:      | flOOR:      |
| ADDRESS:      |
| CITY:       | STATE:      | ZIP:      |
| daYtIME PHONE:(     )      -       | E-MAIL:      |
| Does reference speak English? [ ]  Yes [ ]  No If NO, please specify language spoken:       |