



# Early Learning Coalition of Palm Beach County

*Ready to Learn. Ready for Life.*

## Private Child Care Provider Representative

### Nomination Form

#### Person Submitting the Nomination: (please note, individuals can self-nominate)

Name Of Person Submitting Nomination: \_\_\_\_\_

Phone Number of Person Submitting Nomination: \_\_\_\_\_

E-Mail Address of Person Submitting Nomination: \_\_\_\_\_

#### Nominee Information:

Name of Nominee: \_\_\_\_\_

Nominee Phone Number: \_\_\_\_\_

Nominee E-Mail Address: \_\_\_\_\_

Child Care Nominee Represents: \_\_\_\_\_

Child Care Program Address: \_\_\_\_\_

\_\_\_\_\_