Authorized Program Contact (APC) Access Request Form

Complete the form below for all individuals that need access to the ***Gateways Registry Director Portal***.

PRIMARY AUTHORIZED PROGRAM CONTACT

Name_____ Registry Member ID*_____

Program/Site Name _____

Address _____

City _____Zip Code _____Phone _____

Illinois Child Care License Number *(if applicable)* _____

Preschool for All Grantee ID *(if applicable)* _____

ADDITIONAL AUTHORIZED PROGRAM CONTACT(S)

Name	Registry Member ID*

**A Registry Member ID is required in order to access the Gateways Registry Director Portal.*

By submitting this request, I agree that I am the primary administrative contact (e.g., director, owner, principal, etc.) for the above named program/site.

_____ _____

Signature of Primary Authorized Program Contact Date

To submit this request, please do one of the following:

MAIL:
1226 Towanda Avenue
Bloomington, IL 61701

FAX:
INCCRRA
Attn: Access Request
(309) 828-1808

EMAIL:
Scan and email to onlinehelp@inccrra.org

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