



2016 Start Bright Impact Awards Nomination Form

Nominator Information

Name: _____

Provider

Parent

Child/Individual

Address: _____

E-Mail: _____

Phone: _____

Nominee Information

Name: _____

Address: _____

E-Mail: _____

Phone: _____

Same as above

Please describe what makes the nominee an outstanding child care provider :

How long has the nominee been a child care provider?

Please provide any additional information that you think would be helpful in judging the nomination:

I agree to allow Child Care Council to share this story at the Start Bright Gala and in marketing materials.

Signature _____

Print name _____

Note: If more space is need or if you would like to submit additional background materials, please send along with this completed nomination form to: **Start Bright Impact Awards Committee**, Child Care Council, Inc., 595 Blossom Road, Suite 120, Rochester, NY 14610.

Nominations must be received by September 1, 2016.

Save the Date! *The awards will be presented at the Council's **Start Bright Gala, October 19, 2016** at the RIT Inn & Conference Center, 5257 West Henrietta Road.*