Child Care Resource and Referral
11166 Fairfax Blvd., Suite 206, Fairfax, VA 22030
Phone 571-321-0997 Toll-free 877-321-0997 Fax 703-352-7730
www.infanttoddler.com/child.html

Child Care Program Information Form
FY07/08

Contact Person (Director / Provider) First Name_______________________ Last Name___________________________________

Business Name (if applicable) ______________________________________ ☐ for profit ☐Not for profit ☐Public ☐ Faith based

Physical Location (street address) ____

City___________________________________ State_______ Zip_______________ County ______________________________

Mailing Address: (if different) ____

Phone__________________________ Cell or Other Phone___________________________ Fax___________________________

Email____ Website____

Type of Care: *(Please check only one)*

☐ Child Care Center ☐ Family Child Care Provider ☐ Preschool Program only ☐ Parent's day out program
☐ Schoolage Program only ☐ Summer Camp Program ☐ After school mentoring / tutoring
☐ Head Start Program (Head Start Funding) ☐ Virginia Preschool Initiative (State Pre-K Funding)

Type of Regulation: *(Please check only one)* License ID # (if licensed) ________________

☐ State Licensed home or center ☐ Family Child Care System Licensed
☐ Voluntary Registration (homes only) ☐ DSS locally approved home or individual
☐ Religious Exempt Child Care Center ☐ Certified Public School Preschool
☐ Unregulated home or individual ☐ State Exempt Instructional / Recreational
☐ Military approved family child care home ☐ Other__________________________

Ages of children accepted for care:
from___________to___________

Current capacity_____
Desired capacity_____
Licensed capacity_____

Capacity by Age	Vacancy by age	Licensed Capacity	Actual Capacity
No Age Preference			
0-12 months			
13-15 months			
16-23 months			
2-3 years			
4-5 years			
5-9 years			
10 & older			

Schools served for Before & After Care (Elementary & Middle)____

Transportation services that you provide, if any____________________________ Languages spoken__________________

Days care is available: *(Please circle all that apply)* Mon Tues Wed Thurs Fri Sat Sun

Hours care is available: ☐ from __________AM to __________PM ☐ 24 Hour care

Rates or Fees: *(Please enter amount of rates below)*

Age	Hourly	Daily	Monthly	Full-Time Weekly	Before School Only	After School Only	Before & After School
0-12 months	$	$	$	$			
13-15 months	$	$	$	$			
16-23months	$	$	$	$			
2-3 years	$	$	$	$			
4-5 years	$	$	$	$	$	$	$
5-9 years	$	$	$	$	$	$	$
10 & 12	$	$	$	$	$	$	$
13 & older (Special Needs)	$	$	$	$	$	$	$

Other Fees: *(Please check all that apply and indicate cost if additional fees apply)*
☐ Registration fee $______ ☐ Late Fee$______ ☐ Summer Activity Fee $______ ☐ Holiday Fee $______ ☐ Insurance $__________
☐ Sick Child Fee $_______ ☐ Supply Fee $_____ ☐ Transportation Fee $ ______ ☐ Extended Day Fee $______ ☐ Meal Fee $______

Meals: (*Check meals served)*
☐ Breakfast ☐ AM Snack ☐ Lunch ☐ PM Snack ☐ Dinner ☐ Evening Snack
☐ Parent provides meals ☐ USDA Food Program ☐ Special meal request

Services / Environment: *(Please check all that apply)*
☐ Full time (30 or more hrs per wk) ☐ Evening care ☐ Before School ☐ Non-smoking ☐ Air conditioned
☐ Part Time (29 or fewer hours per week) ☐ Overnight Care ☐ After school ☐ No indoor pets ☐ Fenced yard
☐ Drop in (not enrolled for regular care) ☐ Holiday Care ☐ Sick child care ☐ No outdoor pets ☐ No weapons
☐ Temporary / Emergency / Backup ☐ Open all year ☐ No kerosene heater ☐ No Pool
☐ Respite Care ☐ Open summer only ☐ No wood-burning stove ☐ Field trips
☐ Rotating Shift Care ☐ Open school year only ☐ Wheelchair accessible

Financial Assistance: (*Please check all that apply)*
☐ Accept: ☐ Public Funds ☐ State Subsidy (DSS funds) ☐ Private Subsidy/Scholarships
☐ Provide: ☐ Scholarships ☐ Sliding Fee Scale ☐ Other____________________

Policies: ☐ Written Contract ☐ Handbook ☐ Multi-child Discount ☐ Liability Insurance
☐ Provider Sick Allowance ☐ Provider Vacation Allowance ☐ Child Absence Allowance

Safety: ☐CPR Certified ☐First Aid Certified ☐Medication Administration Certified ☐Health-Related Degree ☐On-Site Nurse

Special Needs: (*Please check all that apply)*
☐ Adaptive Special Equipment ☐ Asthma/Respiratory ☐ Allergies ☐ ADD/ADHD ☐ Autism / Aspergers
☐ CP/Neuralgic/Seizure Disorders ☐ Developmental Delay ☐ Cognitive ☐ Diabetes ☐ Down Syndrome
☐ Post Traumatic Stress Disorder ☐ Medical ☐ ODD ☐ Physical ☐ Social / Emotional
☐ Learning disabled resources ☐ Space for therapy ☐ PT/OT ☐ Experience/Training or desire to provide care

Experience: (*Center Director or Family Child Care Provider)* ☐ Family Child Care experience ☐ Child Care Center experience
☐ Under 1 year ☐ 1 to 3 years ☐ 4 to 9 years ☐ 10 to 20 years ☐ Over 21 years

Training / Education: (*Refers to the Center Director or Family Child Care Provider - specify area of study)*
☐ High School Education ☐ 0-12 hrs training ☐ 13+ hrs training ☐ Credit-based training ☐ Some College____________
☐ CDA ☐ Associate degree in____________ ☐ Bachelor degree in_________________ ☐ Master degree in ________________

Accreditation: ☐ NAEYC ☐ NAFCC ☐ NECPA ☐ NAC ☐ NAA ☐ COA ☐ ACA

PLEASE FAX OR ATTACH A COPY OF YOUR ACCREDITATION PAPERWORK TO THIS FORM.

Affiliation: ☐ NAFCC ☐ NAEYC ☐VAFCCA ☐VAECE ☐ Local Family Child Care Assoc ☐ Local AEYC

Child Advocacy Issues ☐Will visit legislators ☐Will contact legislators ☐Will write letters ☐Will make phone tree calls

Enrollment Requirements: ☐Orientation ☐Medical Authorization ☐Physical-Health Record ☐Parent Information ☐Proof of Birth

Curriculum: ☐ ABEKA ☐ Creative Curriculum ☐ High Reach ☐ High Scope ☐ Houghton Mifflin Pre-K
☐ Montessori ☐ Mother Goose ☐ Pinnacle ☐ Reggio ☐ Other ___________________________

DO NOT include my information for: ☐ Web Referrals ☐ Referrals to Parents ☐ Rates ☐Training Information mailings

Sworn Disclosure:
I certify that the information on this form is true and correct, and that I am legally operating within the laws and child care regulations of the Commonwealth of Virginia. (*Section §63.2-1727 of the Code of Virginia prohibits any person from operating a family day home if he, or if he knows that any person who resides, is employed by, or volunteers in the home, is a convicted sex offender or has a founded complaint of child abuse or neglect within or outside the Commonwealth.)* I agree to enroll children without regard to race, color, religion, sex, age, veteran status, national origin, disability or political affiliation. I agree to notify (CCRR) within 30 days of any changes in the child care facility's phone number, address, regulation or certification status.

Provider Signature: ____ Date __________________________

Office use only: Date entered into database: _______________ revised August 2007