



ChildCareGroup

ChildCareGroup Resource and Referral
Child Care Provider Data Form

Contact/Director's First Name Last Name

Business Name

Type of Care (please choose one): Child Care Center Registered Family Child Care Home Licensed Group Day Home
Part-time Program School-age Program Camp Pre-Kindergarten Head Start Private School Nanny Agency

Street Address

City County Zip Code(+4)

Mailing Address (If different from Street Address)

City County Zip Code(+4)

Primary Phone Secondary Phone

E-Mail Address Website

Schedule:

(Please mark the days of operation and indicate hours of operation for each)

Table with columns: Days, Start Time, End Time. Rows for Monday through Sunday.

Care Available: (Please check all that apply)

Full time Part-time Both

Duration of Service:

All year Summer only
Drop-in Before school After school Rotating
Open holidays Temp/Emergency 24 hour care

Transportation: To school From school

1/2 day Kindergarten From home Field trips
Near public transportation No transportation

School Districts Served

Schools Served

Special Services: Mildly Ill Care Substitute Plan School Holidays/Summer Program Occasional Evenings/Overnight
Occasional Weekends Social/Health Services Military Care Diapers Provided Open Some Holidays Inclusion

Fees Charged: (Please enter your rates for each age) *If your rates will change within the next two months, please provide the new rates below

Table with columns: Age Group, Age Range, FT Rate, PT Rate, Monthly, Daily, Weekly, Hourly. Rows for Infants, Toddlers, Preschool, Kindergarten, School age.

Ages Served: Youngest Age Accepted Oldest Age Accepted

Total Licensed capacity: Total desired capacity: Current vacancies for what ages?

	Desired Capacity	Licensed Capacity	Group Size	Child/Adult Ratio
Infants (0-11mos)				
Infants (12-17mos)				
Toddlers (18-23mos)				
Toddlers (2 years)				
Preschool (3 years)				
Preschool (4 years)				
Kindergarten				
School-age				

At what age does part-time begin? _____

Fees: _____

Schedule: _____

Registration fee: _____

(choose one) Annually or One time only

(choose one) Per child or Per family

Subsidies Accepted: CCA Head Start Sliding scale Sibling discount Scholarships Voucher program
 Corporate discount Early Intervention United Way Other: _____

Environment (Please check all that apply)

- Smoke-Free 24-hours Indoor Play Area Outdoor Play Area
- Fenced Play Yard Swings/Playscape Pool On-Site
- Separate Playgrounds (infants/toddlers/preschool/school-age)
- Secure Entry Internet Viewing Video Monitoring No Pets
- Outdoor Pets Indoor Pets

List pets: _____

Meals (Please check all that apply)

- Breakfast Morning Snack Lunch Afternoon Snack
- Dinner USDA Food Program Special Meal Request
- Parents Provides Lunch Meals Offered at Additional Fee
- Infant food/formula provided

Language Spoken: English Spanish American Sign Other: _____

Additional Activities Offered (Please check all that apply) Art Computer Dance Drama/Creative Arts Field Trips
 Foreign Languages Gymnastics Karate Music/Piano Swim Lessons Tutoring

Program Type: Parents Day Out Parent Co-op Montessori Mildly ill care Back-up care Training/Lab School
 Special Needs only

Policies (check all that apply): Written contract Written handbook Provider sick allowance Provider vacation allowance
 Child absence allowance Provider references Smaller child/staff ratios Dispense medications Multi-child discount

Philosophy: ABEKA Montessori Waldorf Faith-based Thematic Lesson Plans Multi-age groupings Same age groupings
 Developmentally appropriate No curriculum used Other curriculum: _____

Safety: CPR current within 2 years First Aid training Health-related degree On-site Nurse Liability insurance

Special Needs (check all that you have had experience with): ADHD/ADD AIDS Asthma/Allergies Autism
 Behavioral disorder Cerebral Palsy Chronic Illness Developmentally Delayed Emotional/Behavioral Disorder Hearing Impairment
 Hyperactivity Learning Disabled Medical Monitoring Medically Fragile Medically Delayed Multiple Disabilities
 Physically Impaired Respiratory Equipment Seizures Speech Delayed Tube Fed Visual Impairment
 Wheelchair/Mobility impaired

License ID: _____

Training Required of Staff: Less than 12 hours of In-service 13-40 hours In-service Above Minimum Standards

Experience: Under 1 yr 1-3 yrs 4-9 yrs 10-20 yrs 21+ yrs Family Child Care Experience Child Center Care Experience

Education: High School Some College, child related Some College, Other Associate Degree, Child related
 Associate Degree, Other Bachelor degree, Child related Bachelor degree, Other Master/PhD CDA Degreed Director

Accreditation: NAEYC NAFCC NSACCA AMSA Other: _____

Are you a Texas Rising Star Program: Yes No

Member of: NAEYC TAEYC NAFCC TAFCC Local Association

Name and Title of Staff Completing Form: _____

For Future Phone Contact

Best Person to Contact: _____

Phone #: _____ **Best time of day to call:** _____

If you have any questions, or would like more information on **ChildCare Resource and Referral**, feel free to contact us at **214-631-2332** or toll free at **800-441-7865**, or visit our website at **www.ChildCareGroup.org**. Please return your completed form to ChildCareGroup Resource & Referral, 8585 N. Stemmons Frwy., Ste. 500 South, Dallas, TX 75247 or fax us at 214-631-1943. Thank you for your assistance!

FOR OFFICE USE ONLY: Date Received: ____/____/____ **Entered by:** _____