



## CHILD CARE CENTER AND SCHOOL AGE INTAKE/UPDATE FORM

Please Print or Type Responses

NAME OF CHILD CARE CENTER	_____
CENTER'S ADDRESS:	_____
	_____
COUNTY:	(city) _____ (state) _____ (zip code) _____
	TOWNSHIP/BOROUGH : _____
MAILING ADDRESS:	_____
	_____
	(city) _____ (state) _____ (zip code) _____
TELEPHONE NUMBER:	(_____) _____ ALTERNATE NUMBER (_____) _____
FAX NUMBER	(_____) _____
NAME OF DIRECTOR:	_____ NAME OF CONTACT PERSON: _____
E-MAIL ADDRESS:	_____ WEBSITE: _____

What year did the center open? \_\_\_\_\_ What is your center's total capacity? \_\_\_\_\_

If you have a preschool, can a child enroll only in your preschool program? \_\_\_ Yes \_\_\_ No

Does your center have a separate summer program that children can attend? \_\_\_ Yes \_\_\_ No

License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Is your Program Exempt? \_\_\_\_\_

State of PA ONLY: Does your center have a license from the PA Department of Education? \_\_\_ Yes \_\_\_ No

What age children does your center accept? Youngest: yr \_\_\_\_\_ mo \_\_\_\_\_ Oldest: yr \_\_\_\_\_ mo \_\_\_\_\_

### SCHOOLS

Schools Served \_\_\_\_\_

### FUNDING

Does your center receive Head Start Funding? \_\_\_ Yes \_\_\_ No State Pre-K Funding? \_\_\_ Yes \_\_\_ No

### TRANSPORTATION

\_\_\_ Transportation Provided by Center \_\_\_ Transport B/A School \_\_\_ Transport Preschool \_\_\_ Emergency Only  
\_\_\_ Walking Distance From School \_\_\_ Field Trips \_\_\_ Transport Kindergarten  
\_\_\_ Pick Up at Home \_\_\_ Public Transportation Available \_\_\_ School Bus

**LANGUAGES**

If anyone on your staff speaks a language other than English, please provide the language(s)

Does anyone on your staff know sign language?  Yes  No

**PROGRAM SCHEDULE** - Which program schedule does your center offer?

- Preschool 2 mornings a week
- Preschool 3 mornings a week
- Preschool 5 mornings a week
- Kindergarten-Before School Care
- Kindergarten-After School Care
- Center Based Kindergarten Program

**SHIFTS**

Days of the week:  Mon  Tue  Wed  Thu  Fri  Sat  Sun Time Open \_\_\_\_\_ Time Close \_\_\_\_\_

Schedule Options: (Please check all those that apply.)

- Full-Time  Full Year  Summer Only  Temporary/Emergency  After School
- Part-Time  School Year  Drop-in  Before School  24-Hour

**RATES** - Please Circle FT (Full-Time) or PT (Part-Time)

	<u>Monthly</u>	<u>Weekly</u>	<u>Daily</u>	<u>Hourly</u>
Newborn to 12 months	\$ _____ FT PT	\$ _____ FT PT	\$ _____ FT PT	\$ _____ FT PT
12-23 months	\$ _____ FT PT	\$ _____ FT PT	\$ _____ FT PT	\$ _____ FT PT
2 year olds	\$ _____ FT PT	\$ _____ FT PT	\$ _____ FT PT	\$ _____ FT PT
3 years olds	\$ _____ FT PT	\$ _____ FT PT	\$ _____ FT PT	\$ _____ FT PT
4-5 year olds (Not in Kindergarten)	\$ _____ FT PT	\$ _____ FT PT	\$ _____ FT PT	\$ _____ FT PT
Kindergarten age	\$ _____ FT PT	\$ _____ FT PT	\$ _____ FT PT	\$ _____ FT PT
School Age	\$ _____ FT PT	\$ _____ FT PT	\$ _____ FT PT	\$ _____ FT PT

**Capacity by Age Group**

<u>Age Group</u>	<u>Desired Capacity</u>	<u>License Capacity</u>
Newborn to 12 months		
12-23 months		
2 year olds		
3 year olds		
4-5 year olds (not in Kindergarten)		
Kindergarten age		
School Age		

**Which MEAL options does your center provide?** (Please check all that apply)

- Breakfast  Lunch  Dinner  Nursing Moms Welcome
- Morning Snack  Afternoon Snack  Evening Snack  USDA Food Program

**What is your center's program PHILOSOPHY?** (Please check all that apply)

- Developmental/Hands-on  Kindergarten Readiness  Religious Curriculum
- Preschool Readiness  Parent Co-Op

**Does your center accept or provide any of these SUBSIDIES?** (Please check all that apply)

- Sibling Discount  Pre-K Funding State  State Subsidy
- Sliding Fee Scale  Head Start Funding  Scholarship

**Does your center offer any of the following SAFETY measures?** (Please check all that apply)

- CPR Certified  First Aid Training  Medication Certification

**Does your center have training or experience in these SPECIAL NEEDS areas?** (Please check all that apply)

- ADD/ADHD  Physically Challenged  Diabetes  Feeding Tube  Nebulizer
- Developmental Differences  Speech Impaired  Learning Disability  Sight Impaired
- Heart/Apnea Monitor  Seizures  Hearing Impaired  Other \_\_\_\_\_

**At Least 50% of the staff completed the following education:** (Please check all that apply)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> High School Education             | <input type="checkbox"/> College Cred. in Early Childhood Ed.       | <input type="checkbox"/> Master's Degree |
| <input type="checkbox"/> Associate's Degree, Child Related | <input type="checkbox"/> Bachelor's Degree, Child Related           | <input type="checkbox"/> ECE/CD Degree   |
| <input type="checkbox"/> CDA Credential/AA Degree          | <input type="checkbox"/> Director has at Least an Associates Degree |  |

**Does your center have any ACCREDITATIONS?** (Please check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> NSACA (SACC)          | <input type="checkbox"/> Middle States Accreditation    |
| <input type="checkbox"/> Accredited Montessori | <input type="checkbox"/> NKAD (Preschool, Kindergarten) |

**What type of AFFILIATIONS does your center have?** (Please check all that apply)

- Community Center  Public School  House of Worship  Private School  School-Based SACC

**Is your center NOT FOR PROFIT?**  Yes  No

**Are there any PETS at your center?** (Please check all that apply)

- No Pets  Gerbil/Hamster  Reptile/Snake  Outside Only  Separate from Children  
 Bird  Rabbit  Other \_\_\_\_\_

**Please include a brochure and a printed or typed summary about your program that you would like families to see on your printed profile. This custom information is truly valued by our clients, and may influence their decision as to which referrals to contact first. You may choose to write something about your curriculum, philosophy, schedule, etc. on the lines below, a separate sheet, or on the back of this form.**

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**RETURN COMPLETED FORM TO:**

**Children & Families First  
Attention: Resource Helpline  
2005 Baynard Blvd  
Wilmington, DE 19802**

**Fax Number: (302) 479-1577**

**Please call 800-734-2388 if you have any questions:**