



FAMILY CHILD CARE INTAKE/ UPDATE FORM

Please Type or Print the Information

BUSINESS NAME CHILD CARE HOME:
NAME OF PROVIDER: (first name) (last name)
LOCATION ADDRESS: (street address, include apartment or building #'s) (development)
COUNTY: TOWNSHIP/BOUROUGH:
MAILING ADDRESS: (city) (state) (zip code)
TELEPHONE NUMBER: ALTERNATE NUMBER:
FAX NUMBER:
E-MAIL ADDRESS: WEBSITE:

What is your license capacity? What year did you open your Family Childcare?

License Number: Expiration Date:

DE Providers only: I am currently licensed at Level 1 Level 2

PA Providers only: I am currently licensed to care for (# of) children.

What age children do you accept? Youngest: yr mo Oldest: yr mo

SCHOOLS :

Schools Served

TRANSPORTATION (that you offer or is available)

- Field Trips Walking Distance From School School Bus Pick Up at Home Transport Preschool
Transport B/A School Errands Public Transportation Transport Kindergarten Emergency Only

LANGUAGES

If you speak a language other than English, please list the language(s)

Do you know sign language? Yes No

SHIFTS

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

**Type of Schedule/Accept Children:** (Please check all those that apply.)

Full-Time     Full Year     Summer Only     Temporary/Emergency     After School     Open Holidays  
 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

Do you offer 2<sup>nd</sup> or 3<sup>rd</sup> shift care?  Yes  No

If yes, and those rates are different than rates listed above, please tell us on a separate sheet of paper or on the back of the form.

**Which MEAL options do you provide?** (Please check all that apply)

Breakfast     Morning Snack     Lunch     USDA Food Program (\*FWC is a Delaware sponsor)  
 Afternoon Snack     Dinner     Evening Snack     Nursing Moms Welcome     Formula Provided

**How would you describe your program PHILOSOPHY?** (Please check all that apply)

Developmental/Hands-on     Home Away From Home     Prefer Small Group  
 Preschool Readiness     Kindergarten Readiness     Religious

**Do you accept or provide any of these SUBSIDIES or Discounts?** (Please check all that apply)

State Subsidy (POC in DE and MD)     Sibling Discount     Sliding Fee Scale

**Do you offer any of the following SAFETY measures?** (Please check all that apply)

CPR Certified     First Aid Training     Health-Related Degree     Medication Certification

**Do you have training or experience in these SPECIAL NEEDS areas?** (Please check all that apply)

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

**Which level of EDUCATION have you completed?** (Please check all that apply)

High School Education     College Cred. in Early Childhood Ed.     Master's Degree  
 Associate's Degree, Child Related     Bachelor's Degree, Child Related     ECE/CD Degree  
 CDA Credential/AA Degree     Other \_\_\_\_\_

**Do you have any PETS?** (Please check all that apply)

Bird     Rabbit     Reptile/Snake     Separate from Children     Outside Only  
 Gerbil/Hamster     Cat     Dog

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:**

**Rev. 03/09dar**