

BASIC INFORMATION

Name: _____

ID: _____
Last 5 Digits Social Sec. No. Month Day Year
Date of Birth (ie. 05/09/1974)

Business Name: _____

Phone: _____ 2nd: _____

Email: _____

Street Address: _____

City: _____ Zip: _____

Mailing Address: _____

City: _____ Zip: _____

LICENSEAre you: Registered Certified Exempt (Not Regulated by CCD)

Registration #: _____ Expires: _____

CHILDREN IN CARE

Desired Capacity (exclude your own children): _____

Age Range Served From: _____ To: _____

Current Openings (# and ages): _____

Do you have children of your own? Yes No

What are their ages now? _____

SCHOOLS

Which public school serves your neighborhood? _____

Which schools are you willing to transport to? _____

TRANSPORTATION Transportation Provided Close to School Bus
 Near Public Transportation Walking Distance to School**LANGUAGES**

Primary Language: _____

Other Languages Spoken: _____

Sign Language? Yes No**DAYS & HOURS CARE IS PROVIDED**

	Start Time	End Time
Mon.		
Tues.		
Wed.		
Thurs.		
Fri.		
Sat.		
Sun.		

EXTENDED HOURS

Mark all you will consider or accept on a regular basis.

- Early Morning (3 a.m. to 5:59 a.m.)
 Evening (after 6:30 p.m.)
 Overnight (10 p.m. to 3 a.m.)
 Weekend (regular care Sat. and/or Sun.)
 Occasional Early Morning
 Occasional Evening
 Occasional Overnight
 Occasional Weekend
 Flexible a.m.
 Flexible p.m.

EXTENDED SERVICES

Mark all you will consider or accept on a regular basis.

- Back-Up
 Before School
 Rotating Schedule
 Temp/Emergency
 After School
 Respite (Short-Term Relief Care)

RATES

Infant (Under 1 yr)

Toddler (1 yr-2 yr)

Preschool (2 yr-1st gr)School Age (1st gr-13 yr)
*During School Year*School Age (1st gr-13 yr)
During Summer

Back-Up Care Rates: _____

HOURLY RATES

Part-Time Full-Time

	Part-Time	Full-Time
Infant (Under 1 yr)		
Toddler (1 yr-2 yr)		
Preschool (2 yr-1 st gr)		
School Age (1 st gr-13 yr) <i>During School Year</i>		
School Age (1 st gr-13 yr) <i>During Summer</i>		

MONTHLY RATES

Part-Time Full-Time

	Part-Time	Full-Time
Infant (Under 1 yr)		
Toddler (1 yr-2 yr)		
Preschool (2 yr-1 st gr)		
School Age (1 st gr-13 yr) <i>During School Year</i>		
School Age (1 st gr-13 yr) <i>During Summer</i>		

ADDITIONAL FEES

Please check all that apply.

- Registration Fee
 Deposit
 Materials/Book Fee
 Charge for Transportation
 Extra Charge for Meals
 Activity Fee
 Other Fees

Other: _____

Please indicate details about your child care program and your child care experience, check all that apply.

ENVIRONMENT

- No Smoking on Premises
 Do not Have Any Dogs on Premises
 No TV
 Covered Outdoor Play
 Do Not Have Any Pets on Premises
 Pets Separate from Children
 Monitored TV
 Outdoor Play Structure
 Do Not Have Any Cats on Premises
 Completely Fenced Yard
 Outdoor Play Area

MEALS

- USDA Food Program
 Provides Dinner
 Special Meal Requests Accommodated
 Provides Breakfast
 Provides Snacks
 Breastfeeding Supported
 Provides Lunch
 Parent Must Bring Meals

FINANCIAL ASSISTANCE

- Willing to Accept DHS
 Qualified for Enhanced Rate
 Rates Negotiable
 Parent Co-Op
 NOT Willing to Accept DHS
 Multi-Child Discount
 Offers Scholarship
 DHS Listed
 Offers Sliding Fee Scale
 Free to Income Eligible

POLICIES

- Written Contract
 Have Substitute Provider
 Charges Late Fees
 Written Policies
 References
 Must be Potty Trained
 Liability Insurance
 Pay for Slot Whether Child is in Care or Not
 Needs Payment in Advance

SPECIAL SKILLS TRAINING

- Inclusion
 Diversity
 Domestic Violence/Abuse
 Medical Support
 Behavioral Issues

SAFETY/REGISTRATION TRAINING

- First Aid
 Food Handler's Permit
 CPR
 Family Child Care Overview
 Recognizing & Reporting Child Abuse and Neglect

SPECIAL NEEDS EXPERIENCE & KNOWLEDGE

- Diapering/Toileting Assistance
 Wheelchair Access
 Medication Monitoring
 Accessible Bathroom
 Specialized Equipment
 No Experience/Willing to Learn

ADDITIONAL SERVICES

- Homework Assistance
 Additional Lessons
 Religious Curriculum
 Children's Activities
 Computer
 Preschool Curriculum
 Field Trips
 Organized Outdoor Activities

WEB REFERRALS

Do we have permission to put information about your child care business on the internet for online searching? Yes No

To check internet searching, visit the Oregon Child Care Resources & Referral Network at www.oregonchildcare.org.

YOUR CHILD CARE PROGRAM

What makes your child care program unique? Please tell us about your training and experience working with children or any special skills that you have. Your brief statement will be included on the internet as part of your child care business information.

AGREEMENT

I understand that Child Care Information Service makes referrals only, not recommendations to families. I agree to assist CCIS in maintaining up-to-date information on child care availability by reporting changes in my family child care home when they occur. I give CCIS permission to release the information on this form to parents seeking child care services.

Signature: _____

Date: _____

Please return to:
MWVCAA
Child Care Information Service
2475 Center St NE
Salem, Or 97301

Office Use Only

Record: _____

Date Added: _____

Staff Initials: _____

Place
Postage
Here

Mid-Willamette Valley Community Action
Agency/Child Care Information Service
2475 Center St NE
Salem, Or 97301



**CHILD CARE
PROVIDER
ENROLLMENT FORM**

**By completing this
form & returning it to
CCIS, you will receive:**

- Child care *referrals* to families.
- Quarterly *newsletters* full of information about child care.
- Information & access to low-cost child care *training classes*.

Call us, we are here to help.
Child Care Information Service
(503) 585-2491; (800) 289-5533

-Se Habla Español-

Mid-Willamette Valley Community
Action Agency, Inc.

