

Business Name _____

Contact Person _____

Street Address _____

City _____ Zip Code _____ County _____

Primary Phone Number _____ Secondary Phone Number _____

E-Mail Address _____@_____ Business Web Site _____

Referral Information Do you want your program to be referred to parents? (Circle one) Yes No
Do you want your program referred through Web Referrals? (Circle one) Yes No
If you do not want to be referred to parents, please give your reason _____

Do you want your rates printed? Yes No

License Information License ID Number _____ Expiration Date _____

License Type (Check all that apply) Day Overnight

Day Capacity Day-time licensed capacity _____ Desired capacity (if different) _____ Evening/Night capacity _____

Total Vacancies Days _____ Evenings/Nights _____ Ages Served From _____ to _____

School Information

Elementary school district you live in _____ District # _____

Elementary school(s) served _____

Transportation provided (provider or bus) Walking distance to school

Do you provide transportation? Will consider To/from home To/from school
 To/from activity To/from preschool To/from other

What languages are spoken in your home/program? English Spanish Native American African
 Asian European French Indian Other _____

Program Information Montessori Religious Content

Total number of staff _____

| Days | Start Time | End Time |
|-----------|------------|----------|
| Monday | AM PM | AM PM |
| Tuesday | AM PM | AM PM |
| Wednesday | AM PM | AM PM |
| Thursday | AM PM | AM PM |
| Friday | AM PM | AM PM |
| Saturday | AM PM | AM PM |
| Sunday | AM PM | AM PM |

Full Time Part Time
 Both

Full Year School Year
 Summer Only

Drop-in Temp/Emerg.
 Before School After School
 Rotating 24 -hour
 Open Holidays

Care Provided

Part day Part week Evening
 Weekend Overnight

Rate Information

| | Infant - 6 weeks to 14 months | Toddler 1- 15 to 23 months | Toddler 2- 2 years | Preschool 1 - 3 and 4 years) | Preschool 2 - 5 years to Kindergarten | School Age - Before and After School | School Age - Vacation/ Summer/Holidays |
|--------------------------------------|---|---|---|---|---|---|---|
| Rate | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| Rate Unit (circle one) | Hourly Daily Weekly Monthly Other | Hourly Daily Weekly Monthly Other | Hourly Daily Weekly Monthly Other | Hourly Daily Weekly Monthly Other | Hourly Daily Weekly Monthly Other | Hourly Daily Weekly Monthly Other | Hourly Daily Weekly Monthly Other |
| Full Time or Part Time? (circle one) | Full Time Part Time | Full Time Part Time | Full Time Part Time | Full Time Part Time | Full Time Part Time | Full Time Part Time | Full Time Part Time |

Additional Fees?

- Registration/Application _____
 Deposit Required _____
 Materials/Supplies _____
 Field Trips
 Transportation
 Child Absent Fee
 Meal/Snack Fee
 Late Pick Up Fee
 Charges CCAP Difference

Capacity and Vacancy Information

| Age Group | Days Total Full Time Enrollment | Days Full-time Vacancy | Days Part-time Vacancy | Evening/Night Full-time Vacancy | Evening/Night Part-time Vacancy | Special Needs Children Enrolled |
|---|---------------------------------|------------------------|------------------------|---------------------------------|---------------------------------|---------------------------------|
| Infant 6 weeks to 14 months | | | | | | |
| Toddler 1 15 to 23 months | | | | | | |
| Toddler 2 2 year old | | | | | | |
| Preschool 1 3 to 4 yrs | | | | | | |
| Preschool 2 5 years old and Kindergarten | | | | | | |
| School-Age Before and After School | | | | | | |

Attributes

Please put an X in each box that pertains to your program/home.

Environment:

- Smoke Free
 Fenced In Yard
 Wheelchair Accessible
 Pool
 Waterfront
 No Pets
 Indoor Pets
 Outdoor Pets
 Cat
 Dog

Meals

Provided:

- USDA Food Program
 Breakfast
 AM Snacks
 Lunch
 PM Snacks
 Dinner
 Bring Own Meal/Snacks
 Special Diet

Financial Assistance Accepted:

- IDHS Certificate
 DCFS Vouchers
 Multi-Child Discount

Policies:

- May Give Rates
 Written Contract
 Written Policies
 Child absence rate/sick
 Child absence rate/vac & holiday
 Translated Materials
 Full Time Assistant
 Part Time Assistant

| | | | |
|-----------------------|---|--|---|
| <u>Safety:</u> | <input type="checkbox"/> CPR | <input type="checkbox"/> First Aid | <input type="checkbox"/> On-site Nurse |
| <u>Special Needs:</u> | <input type="checkbox"/> Emotional/Behavioral | <input type="checkbox"/> Physical | <input type="checkbox"/> Developmental Delays |
| <u>Experience/</u> | <input type="checkbox"/> Sign Language | <input type="checkbox"/> Asthma/Severe Allergies | <input type="checkbox"/> Visual/Hearing |
| <u>Training:</u> | <input type="checkbox"/> Sensory | <input type="checkbox"/> Special Health Needs | <input type="checkbox"/> Autism |
| | <input type="checkbox"/> Gifted | <input type="checkbox"/> Premature Infants | <input type="checkbox"/> Other _____ |
| <u>Curriculum</u> | <input type="checkbox"/> arts/crafts/cooking | <input type="checkbox"/> music | <input type="checkbox"/> small and large motor skills |
| <u>Offered:</u> | <input type="checkbox"/> dram play/story time | <input type="checkbox"/> math/science | <input type="checkbox"/> field trips |
| | <input type="checkbox"/> outdoor play | <input type="checkbox"/> parent involvement | <input type="checkbox"/> computers |

Comments: _____
