

RESOURCE & REFERRAL PROVIDER DATA

Please complete this form TO BE LISTED IN OUR REFERRAL DATABASE OF CHILD CARE CENTERS. You can also go online <http://www.cityofdavis.org/cs/childcare> fill out the document and email it to Ing Lindsey ilindsey@cityofdavis.org

Director First Name: _____ Last Name: _____

Business (or Center/Preschool) Name: _____

Type of Care: Center/Preschool Preschool Program School-Age Exempt Center

Do you want us to Give your name/Phone # to Families? Yes No

Physical Street Address: _____ City: _____ Zip: _____

Mailing Address (if different): _____ City: _____ Zip: _____

Business Phone Number (_____) _____ - _____ Other Phone Number (_____) _____ - _____

E-mail Address: _____@_____ Web Address: _____

TOTAL Number of openings you currently have today, based on your **DESIRED** capacity: _____

Total vacancies TODAY for specific age groups, what would that be? Infant: _____ Preschool : _____ School-Age : _____

Accepted Age Range (Youngest) _____ (Oldest): _____

License Number	Licensed Capacity	Desired Capacity	Transportation: <input type="radio"/> Transportation provided <input type="radio"/> Walking distance to School <input type="radio"/> Near Public Transportation
Infant (CTR): #57 _____			
Preschool (CTR): #57 _____			
School Age (CTR): #57 _____			

Languages Spoken:	<input type="radio"/> English	<input type="radio"/> Spanish	<input type="radio"/> Chinese
	<input type="radio"/> Tagalog	<input type="radio"/> Vietnamese	<input type="radio"/> Korean
	<input type="radio"/> Other:	<input type="radio"/> German	<input type="radio"/> Indian Languages
	<input type="radio"/> French	<input type="radio"/> Japanese	<input type="radio"/> Russian
	<input type="radio"/> Swahili	<input type="radio"/> Sign Language	<input type="radio"/> Italian

Days	Start Time	End Time
<input type="radio"/> Monday		
<input type="radio"/> Tuesday		
<input type="radio"/> Wednesday		
<input type="radio"/> Thursday		
<input type="radio"/> Friday		
<input type="radio"/> Saturday		
<input type="radio"/> Sunday		

<input type="radio"/> Full Time ONLY
<input type="radio"/> Part Time ONLY
<input type="radio"/> Both F/T and P/T
<input type="radio"/> Full Year
<input type="radio"/> School Year ONLY
<input type="radio"/> Summer ONLY

<input type="radio"/> Drop In	<input type="radio"/> Temp/Emergency
<input type="radio"/> Before School	<input type="radio"/> After School
<input type="radio"/> Rotating	<input type="radio"/> 24 Hour
<input type="radio"/> Open Holidays	

Please Complete the Back Page

Additional Fees:	<input type="checkbox"/> Deposit fee _____	<input type="checkbox"/> Diaper fee _____	<input type="checkbox"/> Field Trip fee _____
	<input type="checkbox"/> Formula fee _____	<input type="checkbox"/> Late Payment fee _____	<input type="checkbox"/> Late Pick-up fee _____
	<input type="checkbox"/> Meal fee _____	<input type="checkbox"/> Registration fee _____	<input type="checkbox"/> Transportation _____
	<input type="checkbox"/> Tutoring fee _____		

Environment:	<input type="checkbox"/> Computer/TV	<input type="checkbox"/> Smoke free environment	<input type="checkbox"/> Pets/Cat
	<input type="checkbox"/> Pets/Dog	<input type="checkbox"/> Pool	<input type="checkbox"/> Smoke free environment
	<input type="checkbox"/> Wheel chair accessible		

Meals:	<input type="checkbox"/> Breakfast	<input type="checkbox"/> AM Snack	<input type="checkbox"/> Lunch
	<input type="checkbox"/> PM Snack	<input type="checkbox"/> Dinner	<input type="checkbox"/> Child Care Food Program (CCFP)
	<input type="checkbox"/> Special diet		

Philosophy:	<input type="checkbox"/> Academic	<input type="checkbox"/> Child Directed	<input type="checkbox"/> High Scope
	<input type="checkbox"/> Kindergarten	<input type="checkbox"/> Montessori	<input type="checkbox"/> Other
	<input type="checkbox"/> Parent Involvement	<input type="checkbox"/> Preschool	<input type="checkbox"/> Reggio Emilia Approach
	<input type="checkbox"/> Religious		

Policies:	<input type="checkbox"/> Written contract	<input type="checkbox"/> Written handbook	<input type="checkbox"/> Multi-child discount
	<input type="checkbox"/> Paid provider sick time	<input type="checkbox"/> Paid provider vacation time	<input type="checkbox"/> Charge for child absences

Special Needs: (Please list if your program has experience or training in these areas)	<input type="checkbox"/> Allergies	<input type="checkbox"/> Attention Deficit Disorder	<input type="checkbox"/> Autism
	<input type="checkbox"/> Behavioral/emotional	<input type="checkbox"/> Cerebral Palsy	<input type="checkbox"/> Communication/Language
	<input type="checkbox"/> Developmental disability	<input type="checkbox"/> Hearing impairment	<input type="checkbox"/> Learning disability
	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Physical disability	<input type="checkbox"/> Seizures/convulsions
	<input type="checkbox"/> Special health/medical need	<input type="checkbox"/> Special diet/feeding	<input type="checkbox"/> Special equipment
	<input type="checkbox"/> Special Medication	<input type="checkbox"/> Visual impairment	

Accreditation:	<input type="checkbox"/> Montessori	<input type="checkbox"/> NAEYC
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Please attach your rate sheet

Thank you!