



**Children's
Service Society**

**Child Care Resource
& Referral ~ Metro**

Family Provider Intake Form

Dear Family Child Care Provider,

Child Care Resource & Referral ~ Metro is a non-profit organization whose mission is to promote quality child care through education and support. One service we provide is **free advertising** for child care providers by offering information and referrals about regulated programs to families in the community.

Your program currently is not receiving referrals!

By providing us with the information requested in this packet, Child Care Resource & Referral ~ Metro will refer your program to parents in the community whose needs match the things your program offers. We strive to maintain accurate information about each child care provider who is receiving referrals so that we only give your name out when you have openings and your program pulls up as a match for what parents have requested. Because we receive funding from the Utah State Office of Child Care, our referral services are free for both parents and providers.

Some of the information requested in this packet will be used to provide statistical information to the Utah Office of Child Care to educate the state on child care issues. Even if you are not interested in receiving referrals for child care, we ask that you still complete and return this survey so that the information about your program can be used to provide accurate data about child care in the state (simply answer no to the question "Do you want your program to be on our referral list?").

You have four options for adding your program to our database:

1. Fill out the questionnaire and mail it to:
Child Care Resource & Referral ~ Metro
124 South 400 East, Suite 400
Salt Lake City, UT 84111
2. Fill out the questionnaire and fax it to 801-355-7453
3. Call 801-355-4847 or 1-866-438-4847 and speak with a Referral Specialist who can enter your data over the phone.
4. Complete the questionnaire online at www.cssutah.org

For questions regarding this survey please contact the Referral Line at 801-355-4847.

Sincerely,
Child Care Resource & Referral ~ Metro

Para recibir esta información en español, llame al 801-355-4847 opción 2

*Child Care Resource & Referral ~ Metro is a program of Children's Service Society.
Funding is provided by the Utah Department of Workforce Service's Office of Work and Family Life/Office of Child Care.*

All data collected will be used by the Utah Office of Child Care to educate the state on child care issues. If you choose, data collected will also be used to match parents seeking care to your program.

NAME & ADDRESS

First Name:		Last Name:	
Email:		Webpage:	
Phone:		Fax:	
Street Address (Please list the coordinates of any street names):			
City:		State:	Zip Code:
Mailing Address (If different from the location of your program):			
City:		State:	Zip Code:

GENERAL INFORMATION

Do you want your program to be on our referral list?	
What is the youngest age of children you will accept?	
What is the oldest age of children you will accept?	
Elementary schools served (Please list any schools, both public and private, that you service):	
<input type="checkbox"/> I provide transportation to and from school	<input type="checkbox"/> The children walk to and from school

DAYS CARE PROVIDED

Do you accept children full time, part time, or both full time and part time?
Do you provide care year round, during the school year only, or during the summer only?
Do you offer care 24 hours a day?
Do you offer after school care for school age children?
Do you offer care after school on days children are released early for school age children?
Do you offer before school care?
Do you provide drop in care (accept child for a short period of time on short notice)?
Do you offer care on graveyard shifts (12am-7am)?
Do you provide care for a child who is mildly sick?
Do you provide care on occasion in the evening or overnight?
Do you offer care on an occasional Saturday?
Do you offer care on an occasional Sunday?
Are you open on school holidays that are not State/National Holidays?
Are you open on State/National Holidays?
Do you only care for relatives?
Do you provide care for families that work rotating shifts?
Are you willing to participate in our Kids in Care program?
Do you provide care for families that work swing shifts (4pm-12am)?

Do you provide care in a temporary situation or in an emergency?

DAYS AND HOURS

Please enter the start and end time for the days on which care is provided

	Start Time	End Time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

ENROLLMENT CAPACITY

For each age group, please list the number of children you are licensed for, full time openings, and number of children currently enrolled in your program

	Licensed Capacity	Full Time Vacancies	Current Enrollment
0 – 11 months			
12-23 months			
2 years			
3 years			
4-5 years			
Kindergarten			
School-Age			

Total number of vacancies:

RATES

List your daytime full time rates for each age group

	Monthly Rate	Weekly Rate	Daily Rate	Hourly Rate
0-11 months				
12-23 months				
2 years				
3 years				
4-5 years				
Kindergarten				
School-Age				

SPECIAL NEEDS

Will you be willing to evaluate a child and their special needs? If so, please mark the type of special need

<input type="checkbox"/> I am able to evaluate each child's needs on an individual basis	<input type="checkbox"/> I have experience with the items I've checked below	<input type="checkbox"/> I have training with the items I've checked below	<input type="checkbox"/> I am willing to learn the items that I have checked below
<input type="checkbox"/> ADHD/ADD	<input type="checkbox"/> Allergies	<input type="checkbox"/> Asthma	<input type="checkbox"/> Autism
<input type="checkbox"/> Blindness/Visual Impairment	<input type="checkbox"/> Cerebral Palsy	<input type="checkbox"/> Developmental Delays	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Down Syndrome	<input type="checkbox"/> Emotional/Behavioral	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Feeding Tube
<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Learning Disability	<input type="checkbox"/> Multiple Sclerosis	<input type="checkbox"/> Muscular Dystrophy
<input type="checkbox"/> Orthopedic Disabilities	<input type="checkbox"/> Oxygen Therapy	<input type="checkbox"/> Seizures	<input type="checkbox"/> Spina Bifida
<input type="checkbox"/> Wheel Chair Accessible	<input type="checkbox"/> Other		



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**FREE ADVERTISING
for your child care
program!**