

Name of Family Child Care Home:

Date Completed _____

License # and Capacity:

Contact Name/Telephone:

Child Development Permits:

Near Major Intersection/Landmark:

Ages Served (check all that apply):

- Birth to 1.5 years
- 1.5 years to 3 years
- 3 years to 5 years
- School Age
- Must be toilet-trained

Languages Spoken:

Pets on Site (please describe):

Experience with Special Needs Children?

- No
- Yes (call for more information)

Areas of training:

Hours:

School Age Care:

Grades: _____

- Before
- After
- Transports

Options:

- Full Time
- Part Time
- PT/Full Days Only
- Night-time
- Weekend
- Closed Summers

Environment Rating Scale Performed:

- No
- Yes, Date: _____

Accreditation (please explain):

Education Levels:

Indicate the level of education held by staff:

- _____ High School Diploma/GED
- _____ Some College
- _____ AA Degrees in _____
- _____ BA Degrees in _____
- _____ MA Degrees in _____

Specialized Trainings Completed by a Staff Member:

Name of Training	Date Completed
Program for Infant Toddler Care (PITC)	_____
_____	_____
_____	_____
_____	_____

Additional or Specialized Training:

Additional Comments: