

Other Fees: (Please check all that apply and indicate cost if additional fees apply)

- Registration fee \$ _____ Late Fee \$ _____ Summer Activity Fee \$ _____ Holiday Fee \$ _____ Insurance \$ _____
- Sick Child Fee \$ _____ Supply Fee \$ _____ Transportation Fee \$ _____ Extended Day Fee \$ _____ Meal Fee \$ _____

Meals: (Check meals served)

- Breakfast AM Snack Lunch PM Snack Dinner Evening Snack
- Parent provides meals USDA Food Program Special meal request

Services / Environment: (Please check all that apply)

- Full time (30 or more hrs per wk) Evening care Before School Non-smoking Air conditioned
- Part Time (29 or fewer hours per week) Overnight Care After school No indoor pets Fenced yard
- Drop in (not enrolled for regular care) Holiday Care Sick child care No outdoor pets No weapons
- Temporary / Emergency / Backup Open all year No kerosene heater No Pool
- Respite Care Open summer only No wood-burning stove Field trips
- Rotating Shift Care Open school year only Wheelchair accessible

Financial Assistance: (Please check all that apply)

- Accept: Public Funds State Subsidy (DSS funds) Private Subsidy/Scholarships
- Provide: Scholarships Sliding Fee Scale Other _____

Policies: Written Contract Handbook Multi-child Discount Liability Insurance

- Provider Sick Allowance Provider Vacation Allowance Child Absence Allowance

Safety: CPR Certified First Aid Certified Medication Administration Certified Health-Related Degree On-Site Nurse

Special Needs: (Please check all that apply)

- Adaptive Special Equipment Asthma/Respiratory Allergies ADD/ADHD Autism / Aspergers
- CP/Neuralgic/Seizure Disorders Developmental Delay Cognitive Diabetes Down Syndrome
- Post Traumatic Stress Disorder Medical ODD Physical Social / Emotional
- Learning disabled resources Space for therapy PT/OT Experience/Training or desire to provide care

Experience: (Center Director or Family Child Care Provider)

- Family Child Care experience Child Care Center experience
- Under 1 year 1 to 3 years 4 to 9 years 10 to 20 years Over 21 years

Training / Education: (Refers to the Center Director or Family Child Care Provider - specify area of study)

- High School Education 0-12 hrs training 13+ hrs training Credit-based training Some College _____
- CDA Associate degree in _____ Bachelor degree in _____ Master degree in _____

Accreditation: NAEYC NAFCC NECPA NAC NAA COA ACA

Affiliation: NAFCC NAEYC VAFCCA VAECE Local Family Child Care Assoc Local AEYC

Child Advocacy Issues Will visit legislators Will contact legislators Will write letters Will make phone tree calls

Enrollment Requirements: Orientation Medical Authorization Physical-Health Record Parent Information Proof of Birth

Curriculum: ABEKA Creative Curriculum High Reach High Scope Houghton Mifflin Pre-K

- Montessori Mother Goose Pinnacle Reggio Other _____

DO NOT include my information for: Web Referrals Referrals to Parents Rates Training Information mailings

Sworn Disclosure:

I certify that the information on this form is true and correct, and that I am legally operating within the laws and child care regulations of the Commonwealth of Virginia. (Section §63.2-1727 of the Code of Virginia prohibits any person from operating a family day home if he, or if he knows that any person who resides, is employed by, or volunteers in the home, is a convicted sex offender or has a founded complaint of child abuse or neglect within or outside the Commonwealth.) I agree to enroll children without regard to race, color, religion, sex, age, veteran status, national origin, disability or political affiliation. I agree to notify (CCRR) within 30 days of any changes in the child care facility's phone number, address, regulation or certification status.

Provider Signature: _____ Date _____

Office use only: Date entered into database: _____ revised August 2007