

Family Childcare Program

General Info

Contact Name: _____

Business Name: _____

Physical Address: _____
Street Name and Number Unit#

City: _____ State: _____ Zip Code: _____

Mailing Address: _____
(If different from physical) Street Name and Number Unit#

City: _____ State: _____ Zip Code: _____

Primary Phone: _____ Cell Phone for Text: _____

Email: _____

Website: _____

Program Type

We are a:

- Independent Family Childcare Educator Part of Family Childcare System
 Preschool Head Start Early Head Start

Credentials

MA Program ID: _____ License ID: _____

First Provided Care: _____ License Exp: _____

P Number: _____

License Type: EEC Regulated DESE Regulated DPH Regulated Other

Accreditation: NAFCC CDA

Please check all that apply

Certification/Degree/Education:

Please choose highest degree achieved

- High School/Diploma/GED
- Some College, Other Emphasis
- Associate degree, Other
- Bachelor's, Other
- Other
- Some College, Child Related
- Associate Degree, Child Related
- Bachelor's, Child Related
- Advanced Degree

Languages:

Please check all languages spoken at your program

- English
- Amharic
- Cambodian
- Cape Verdean Portuguese
- French
- Haitian Creole
- Khmer
- Mandarin
- Portuguese
- Spanish
- Other _____
- American Sign Language (ASL)
- Armenian
- Cantonese
- Croatian
- Greek
- Italian
- Laotian
- Polish
- Russian
- Vietnamese

About Our Program:

Affiliation:

Please check all that apply

- Religious
- Other
- FCC System

Environment:

Please check all that apply

- Smoke Free Home
- Dogs
- Other Pets
- Air Conditioned
- Outdoor Play Equipment
- Wheelchair Accessible
- Field Trips
- No Pets
- Cats
- Adult Pool
- Fenced Yard
- Uses Public Playground
- Approved Assistant

Meals:

Please check all that apply

- Breakfast
- Morning Snack
- Parent Provides Lunch
- Dinner
- Special Meal Request
- Peanut Free
- Special Diet
- Lunch
- Afternoon Snack
- Parent Provides Food
- USDA Food Program Member

Transportation:

Please check all that apply

- Transportation provided
- Near public transportation
- Provides school age transportation
- Walking distance to schools
- On public school bus route

Philosophy:

Please check all that apply

- Academic Program
- Learning/Play
- Parent Cooperative
- Reggio Emilia
- Resources for Infant Educators
- High/Scope Approach
- Montessori
- Piaget
- Religious Orientation
- Waldorf

Our Schedule

- Days:** Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Time Open: _____ **Time Close:** _____

Year Schedule:

- Full Year School Year Summer only

Schedule:

Please check all that apply

- Full time
- Drop in care
- After School
- Open Holidays
- 24 Hours
- Overnight
- Sick Care
- Open School Vacation Week
- Part time
- Before School
- Rotating
- Temporary/Emergency
- Evening
- Weekend
- Accepts School Closures Only

More Options:

Please check all that apply

- Part Week
- Full Day
- Full Week
- Morning Session
- Part Day
- Early Day
- Flexible Schedule

Schedule Notes:

Please tell us about your program

Program Data by Age:

Child Cost Details:

Rates:

FT = Full Time / PT = Part Time

| Age Group: | FT Hourly | FT Day | FT Week | FT Month | PT Daily |
|-----------------------------|-----------|--------|---------|----------|----------|
| Under 2 years of age | | | | | |
| Over 2 years of age | | | | | |

More Details:

| Age Group: | FT Openings | Licensed Capacity |
|-----------------------------|-------------|-------------------|
| Under 2 years of age | | |
| Over 2 years of age | | |

Care for Ages: From: _____ years _____ months To: _____ years _____ months

Capacity:

Desired Capacity: _____ Licensed Capacity: _____

Total Openings: _____ Openings as of (Date): _____

Financial Assistance:

Please check all that apply

- Active-Duty Military Discount
- Contracted Slots
- Head Start
- Sibling Discount
- Teen Parent Slot
- Voucher
- Campership
- DCF Supportive Slots
- Private Scholarship
- Sliding Fee Scale
- United Way
- Other

Additional Fees:

Please check all that apply

- Activity Fee
- Late Fee
- Registration Fee
- Extended Care Fee
- Materials Fee
- Waitlist Fee

Special Needs:

Please check all that you are willing to and/or able to accommodate:

Behavior Related:

- ADD/ADHD
- Autism Spectrum Disorder
- At Risk
- Behavior
- Emotional/Social

Developmental Delays:

- Developmental
- Sensory Integration

General Support Medical/Genetic:

- Asthma/Allergies
- Physical
- Feeding Tube
- Hearing Impairment
- Visual Impairment
- Medical Condition
- Monitors

Special Needs Notes:

FCC System Name:

if applicable
