

Group Childcare/School Age 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: _____ Ext: _____ Cell Phone for Text: _____

Email: _____

Website: _____

Program Type

We are a:

- Group Childcare Center School Age Program
 Preschool Head Start Early Head Start Summer Camp

Credentials

MA Program ID: _____

License ID: _____

First Provided Care: _____

License Exp: _____

P Number: _____

License Type: EEC Regulated DESE Regulated DPH Regulated Other

Accreditation: NAEYC ACA

Please check all that apply

Languages:

Please check all that apply

- | | |
|--|---|
| <input type="checkbox"/> English | <input type="checkbox"/> American Sign Language (ASL) |
| <input type="checkbox"/> Amharic | <input type="checkbox"/> Armenian |
| <input type="checkbox"/> Cambodian | <input type="checkbox"/> Cantonese |
| <input type="checkbox"/> Cape Verdean Portuguese | <input type="checkbox"/> Croatian |
| <input type="checkbox"/> French | <input type="checkbox"/> Greek |
| <input type="checkbox"/> Haitian Creole | <input type="checkbox"/> Italian |
| <input type="checkbox"/> Khmer | <input type="checkbox"/> Laotian |
| <input type="checkbox"/> Mandarin | <input type="checkbox"/> Polish |
| <input type="checkbox"/> Portuguese | <input type="checkbox"/> Russian |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Other _____ | |

About Our Program:

Affiliation:

Please check all that apply

- | | |
|--|---|
| <input type="checkbox"/> Religious | <input type="checkbox"/> Hospital |
| <input type="checkbox"/> College | <input type="checkbox"/> Private School |
| <input type="checkbox"/> Public School | <input type="checkbox"/> Other |

Environment:

Please check all that apply

- | | |
|---|---|
| <input type="checkbox"/> No Pets | <input type="checkbox"/> Other Pets |
| <input type="checkbox"/> Adult Pool | <input type="checkbox"/> Air Conditioned |
| <input type="checkbox"/> Fenced Yard | <input type="checkbox"/> Outdoor Play Equipment |
| <input type="checkbox"/> Uses public Playground | <input type="checkbox"/> Wheelchair Accessible |
| <input type="checkbox"/> Field Trips | |

Meals:

Please check all that apply

- | | |
|--|---|
| <input type="checkbox"/> Breakfast | <input type="checkbox"/> Special Diet |
| <input type="checkbox"/> Morning Snack | <input type="checkbox"/> Lunch |
| <input type="checkbox"/> Parent Provides Lunch | <input type="checkbox"/> Afternoon Snack |
| <input type="checkbox"/> Dinner | <input type="checkbox"/> Parent Provides Food |
| <input type="checkbox"/> Special Meal Request | <input type="checkbox"/> USDA Food Program Member |
| <input type="checkbox"/> Peanut Free | |

Transportation:

Please check all that apply

- | | |
|---|--|
| <input type="checkbox"/> Transportation provided | <input type="checkbox"/> Walking distance to schools |
| <input type="checkbox"/> Near public transportation | <input type="checkbox"/> On public school bus route |
| <input type="checkbox"/> Provides school age transportation | |

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
Infant (0-15 mo)					
Toddler (15 months–2.8 years)					
Preschool (2.9 years–5 years)					
Kindergarten					
School Age					

More Details:

Age Group:	FT Openings	Licensed Capacity
Infant		
Toddler		
Preschool		
Kindergarten		
School		

Alternative Rates:

Please list daily rate

Age Group:	Before School	After School	Preschool Session
Kindergarten			
School 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

- | | |
|--|---|
| <input type="checkbox"/> Active-Duty Military Discount | <input type="checkbox"/> Campership |
| <input type="checkbox"/> Contracted Slots | <input type="checkbox"/> DCF Supportive Slots |
| <input type="checkbox"/> Head Start | <input type="checkbox"/> Private Scholarship |
| <input type="checkbox"/> Sibling Discount | <input type="checkbox"/> Sliding Fee Scale |
| <input type="checkbox"/> Teen Parent Slot | <input type="checkbox"/> United Way |
| <input type="checkbox"/> Voucher | <input type="checkbox"/> Other |

Additional Fees:

Please check all that apply

- | | |
|---|--|
| <input type="checkbox"/> Activity Fee | <input type="checkbox"/> Extended Care Fee |
| <input type="checkbox"/> Late Fee | <input type="checkbox"/> Materials Fee |
| <input type="checkbox"/> Registration Fee | <input type="checkbox"/> Waitlist Fee |

Special Needs:

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

Behavior Related:

- | | | | |
|---|---|----------------------------------|-----------------------------------|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Autism Spectrum Disorder | <input type="checkbox"/> At Risk | <input type="checkbox"/> Behavior |
| <input type="checkbox"/> Emotional/Social | | | |

Developmental Delays:

- | | |
|--|--|
| <input type="checkbox"/> Developmental | <input type="checkbox"/> Sensory Integration |
|--|--|

General Support Medical/Genetic:

- | | | | |
|--|--|---------------------------------------|---|
| <input type="checkbox"/> Asthma/Allergies | <input type="checkbox"/> Physical | <input type="checkbox"/> Feeding Tube | <input type="checkbox"/> Hearing Impairment |
| <input type="checkbox"/> Visual Impairment | <input type="checkbox"/> Medical Condition | <input type="checkbox"/> Monitors | |

Special Needs Notes:
