



**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

PLEASE FAX OR ATTACH A COPY OF YOUR ACCREDITATION PAPERWORK TO THIS FORM.

**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