



Provider Intake Form

First Name: _____ Last Name: _____

Business Name: _____

Street Address: _____ Unit #: _____

City: _____ State: _____ Zip Code: _____

Primary Phone Number: _____ Secondary Phone Number: _____

Fax Number: _____ Email Address: _____

Website: _____

License Type: (Circle all that apply)	
City Registered	State Registered

Facility your daycare business is in: (Circle all that apply)				
Business	House	Apartment	Duplex	Church

Accepted Age Range:			
From:	years	months	weeks
To:	years	months	weeks

School Neighborhood you are physically located in:
Schools you provide transportation to or that will send a bus to pick up at your location:
Are you within walking distance to the school (4 blocks or less): Y/N

Languages Spoken in Home:

Days Care is Provided:							
Day		Start Time		End Time			
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							

Sunday								
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I provide the following special services: (Circle all that apply)

Drop-in	Before School	After School	Full-time	Part-time
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Your Environment: (Circle all that apply)

Preschool/Curriculum	Learning Centers	Large Motor Area
Fenced for outside play area	Non-smoking	No pets

I serve the following Meals: (Circle all that apply)

Breakfast	Morning Snack	Lunch	Afternoon Snack	Dinner
Food Program	Special Diet			

I accept State Assistance: Y/N

I have the following policies: (Circle all that apply)

Written Contract	Written Handbook	Multi-Child Discount	Provider Sick Allowance
Provider Vacation Allowance		Child Absence Allowance	Sliding Fee

I have completed the following Safety Classes: (Circle all that apply)

CPR Current within 2 years	First Aid Training	Child Development Accreditation (CDA)
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Special Needs: (I can care for children with the special needs that are circled)

Apnea Monitors	Behavioral Needs	Cognitive	Dispensing Medications
Feeding Tubes	Health/Medical	Other Monitors	Sensory Disability

Hours of In-service Training Completed Yearly: (Circle all that apply)

Less than 12 Hours Yearly Training	13-40 Hours Yearly Training
College Training	

Experience: (Circle all that apply)

Under 1 Year Experience	1-3 Years Experience	4-9 Years Experience
10-20 Years Experience	21-30 Years Experience	30+ Years Experience
Child Care Center Experience	Family Child Care Experience	Babysitting Experience

Education Level: (Circle all that apply)

High School Education	Some College, Child Related	Some College, Other Emphasis
Associate Degree, Child Related	Associate Degree, Other	Bachelor's, Child Related
Bachelor's Degree, Other	CDA	Less than 8th Grade

Master's Degree

I have the following: (Circle all that apply)

NAEYC Accredited (Nat. Assoc. for the Edu. Of Young Children)

(Member of NAEYC/SDAEYC/SAEYC)

Member of NAFCC (National Association for Family Child Care)

Other:

Rates:

Age Range	Hourly PT	Hourly FT	Daily PT	Daily FT	Weekly PT	Weekly FT	Other PT	Other FT
Under 1 Year								
1-2 Years								
2-3 Years								
3-4 Years								
4-5 Years								
5-10 Years								
10-15 Years								

Licensed Capacity Numbers and Vacancies:

Age Range	Desired Capacity	Licensed Capacity	FT Vacancy	PT Vacancy
Under 1 Year				
1-2 Years				
2-3 Years				
3-4 Years				
4-5 Years				
5-10 Years				
10-15 Years				

Please share additional information on your care below or attach a sheet about the services you provide. This will allow parents to have a more detailed description of the care you provide:

Please be sure to fill out the back page.
