



## CHILD CARE PROGRAM INTAKE/UPDATE FORM

Type of Child Care Program: Please circle

Licensed Child Care Center  
Licensed Child Care Center (SACC only)

Licensed Family Child Care (Level 1)  
Licensed Family Child Care (Level 2)  
Licensed Large Family Child Care

Exempt Child Care Center  
Exempt School Age Program

Exempt Preschool  
Exempt Camp

Other Type of Child Care Program included: Please circle any that apply  
Camp                      Preschool                      School Age Program

NAME OF CHILD CARE PROGRAM \_\_\_\_\_

NAME OF CONTACT PERSON: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

PROGRAM'S ADDRESS: \_\_\_\_\_

COUNTY: \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip code)  
DEVELOPMENT: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
(enter if different from above)  
\_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip code)

TELEPHONE NUMBER: (\_\_\_\_\_) \_\_\_\_\_ ALTERNATE NUMBER (\_\_\_\_\_) \_\_\_\_\_

FAX NUMBER (\_\_\_\_\_) \_\_\_\_\_ WEBSITE: \_\_\_\_\_

TWITTER \_\_\_\_\_ FACEBOOK \_\_\_\_\_ INSTAGRAM \_\_\_\_\_ YOUTUBE \_\_\_\_\_

### REGULATION STATUS

License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Exemption Number: \_\_\_\_\_ Regulated by: \_\_\_\_\_ Dept. of Education \_\_\_\_\_ Div. of Public Health Other \_\_\_\_\_

What is your program's total capacity? \_\_\_\_\_ What ages served? Youngest: \_\_\_\_\_ yrs/mo Oldest: \_\_\_\_\_ yrs/mo

SCHOOLS SERVED (Public and Private): \_\_\_\_\_

LANGUAGES (If you or anyone in your program speaks a language other than English, please provide the language(s))  
\_\_\_\_\_

Do you or anyone else in your program know: American Sign Language? \_\_\_Yes \_\_\_ No Braille? \_\_\_Yes \_\_\_ No

### TRANSPORTATION (Please check all that apply.)

\_\_\_Transportation Provided \_\_\_Walking Distance to School \_\_\_Near Public Transportation \_\_\_On School Transportation Route

### Which PROGRAM SCHEDULE does your child care program offer? (Please check all that apply.)

\_\_\_Preschool 2 mornings/wk \_\_\_Preschool 3 mornings/wk \_\_\_Preschool 5 mornings/wk \_\_\_Center Based Kindergarten Program

### DAYS OF CARE & TIMES

Days of the week: \_\_\_Mon \_\_\_Tue \_\_\_Wed \_\_\_Thu \_\_\_Fri \_\_\_Sat \_\_\_Sun Time Open \_\_\_\_\_ Time Close \_\_\_\_\_

### SCHEDULE OPTION: (Please check all that apply.)

\_\_\_Full-Time \_\_\_Part-Time  
\_\_\_Full Year \_\_\_School Year \_\_\_Summer Only  
\_\_\_Before School \_\_\_After School \_\_\_Rotating \_\_\_Extended Hours  
\_\_\_Evenings \_\_\_Overnight \_\_\_Weekends \_\_\_Holidays \_\_\_Sick Care \_\_\_Drop-in

**RATES** – Only need to enter rates that apply, then please circle: FT (Full-Time) or PT (Part-Time)

	Hourly	Daily	Weekly	Monthly
Newborn to 12 months	\$ _____ FT PT	\$ _____ FT PT	\$ _____ FT PT	\$ _____ FT PT
12-23 months	\$ _____ FT PT	\$ _____ FT PT	\$ _____ FT PT	\$ _____ FT PT
2 year olds	\$ _____ FT PT	\$ _____ FT PT	\$ _____ FT PT	\$ _____ FT PT
3 years olds	\$ _____ FT PT	\$ _____ FT PT	\$ _____ FT PT	\$ _____ FT PT
4-5 year olds (Not in Kindergarten)	\$ _____ FT PT	\$ _____ FT PT	\$ _____ FT PT	\$ _____ FT PT
Kindergarten age	\$ _____ FT PT	\$ _____ FT PT	\$ _____ FT PT	\$ _____ FT PT
School Age (B/A)	\$ _____ FT PT	\$ _____ FT PT	\$ _____ FT PT	\$ _____ FT PT
School Age (Summer)	\$ _____ FT PT	\$ _____ FT PT	\$ _____ FT PT	\$ _____ FT PT

**ADDITIONAL FEES:** (Please check all that apply.)

Registration Fee  Late Fee  Extended Care Fee  Waitlist Fee  Materials Fee  Activities Fee

**Please check:**  Profit  Non Profit

**CURRICULUM USED:** \_\_\_\_\_

**CHILD ASSESSMENT USED:** \_\_\_\_\_

**QUALITY RATING: Delaware Stars**

Delaware Stars 5  Delaware Stars 4  Delaware Stars 3  Delaware Stars 2  Starting with Stars 1  
 Participating but not rated  Not participating but eligible  Not eligible to participate

**Which MEAL options does your program provide?** (Please check all that apply.)

Breakfast  Morning Snack  Lunch  Afternoon Snack  Dinner  
 USDA Food Program  Evening Snack  Nursing Moms Welcome  Formula Provided  Bring Bag Lunch

**What is your program PHILOSOPHY?** (Please check all that apply.)

Developmental/Hands-on  Home Away From Home  Kindergarten Readiness  Parent Co-op  
 Prefers Small Group  Preschool Readiness  Religious Curriculum  Montessori

**FINANCIAL ASSISTANCE offered?** (Please check all that apply.)

Delaware POC  Delaware POC Plus  Delaware POC Self-Arranged  
 Head Start Funding  State Pre-K Funding  Scholarship

**SAFETY measures?** (Please check all that apply)

Criminal Background Check  CPR/First Aid Certified

**Do you or anyone in your program have training or experience with these SPECIAL NEEDS?** (Please check all that apply)

ADD/ADHD  Autism  Developmental Delay  Diabetes  Feeding Tube  
 Hearing Impaired  Heart/Apnea Monitor  Learning Disability  Nebulizer  Physical Challenges  
 Seizures  Visual Impairment  Speech Impaired  Emotional or Behavioral  Special Health Needs

**What type of EDUCATION have you and/or those working in your program completed?** (Please check all that apply.)

Associate's Degree, Child Related  Associate's Degree, Other  Bachelor's Degree, Child Related  
 Bachelor's Degree, Other  CDA Credential/AA Degree  College Credits. in Early Childhood Ed  
 ECE/Child Dev Degree  High School Education  Master's Degree  
 Nurse On-Site  Medication Certification

**What type of ACCREDITATION does your program have?** (Please check all that apply.)

NAEYC  NAFCC  American Montessori Society  American Camp Association  Middle States Accreditation  
 Other Types of Accreditations \_\_\_\_\_

**What type of AFFILIATIONS does your program have?** (Please check all that apply)

Community Center  House of Worship  Private School  Public School  
 School-Based SACC  Workplace On-Site Center Name of the Affiliate \_\_\_\_\_

**Are there any PETS on your program?** (Please check all that apply.)

No Pets  Outside Only  Separate from Children  Bird  Cat  Dog  
 Gerbil/Hamster  Reptile/Snake  Rabbit  Fish  Hermit Crab  Other \_\_\_\_\_

**What ENVIRONMENTAL FEATURES does your program have?** (Please check all that apply)

No Pets  Fenced-in Play Area  Handicap Accessible  Separated Play Area  Smoke-free Environment

**What type of DISCOUNTS does your program offer?** (Please check all that apply)

Sibling Discount  Employee Discount  Sliding Scale Discount  Military Discount

Internal notes are kept about openings knowing they change all the time. Please give current status:

Please include a summary about your program that you would like families to see on your printed profile. This custom information is truly valued by our clients, and may influence their decision as to which referrals to contact first.

**CAMP ONLY Questions**

Do you offer the following **CAMP ACTIVITIES?** (please check all that apply)

Counselor In Training     Instructional Swimming     Recreational Swimming

If you have a **Specialty Camp**, please check off all that apply:

Art     Computer     Dance/Music     Day Camp     Educational Enrichment     Nature/Science  
 Overnight     Special Needs     Theater     Writing     Other \_\_\_\_\_

If you have a specialty **Sports Camp**, please check all that apply

Baseball     Basketball     Field Hockey     Football     Gymnastics  
 Horseback Riding     Lacrosse     Soccer     Tennis     Volleyball  
 Other \_\_\_\_\_

Please check off the sign-up schedules that are available to your campers:

Whole Summer     Partial Summer     Weekly     Two-week Sessions     Monthly  
 Morning Only     Afternoon Only     After Camp Hours Care Offered     Before Camp Hours Care Offered

What are your regular camp hours? From \_\_\_\_\_: \_\_\_\_\_ am    To \_\_\_\_\_: \_\_\_\_\_ pm  
What are your extended hours? From \_\_\_\_\_: \_\_\_\_\_ am    To \_\_\_\_\_: \_\_\_\_\_ pm

Please List your rates for the following types of care. If you have many rates, please attach a rate sheet:

Regular Camp Hours \_\_\_\_\_ per week    \_\_\_\_\_ per two weeks    \_\_\_\_\_ per month    \_\_\_\_\_ per summer  
Before Camp Hours \_\_\_\_\_ per week    \_\_\_\_\_ per two weeks    \_\_\_\_\_ per month    \_\_\_\_\_ per summer  
After Camp Hours \_\_\_\_\_ per week    \_\_\_\_\_ per two weeks    \_\_\_\_\_ per month    \_\_\_\_\_ per summer

When does camp registration begin? \_\_\_\_\_ Month \_\_\_\_\_ Day  
The month and day that camp begins \_\_\_\_\_ Month \_\_\_\_\_ Day  
The month and day that camp ends \_\_\_\_\_ Month \_\_\_\_\_ Day

**RETURN COMPLETED FORM BY MAIL, FAX or EMAIL TO:**

**Children & Families First**  
Attention: Resource Helpline  
2005 Baynard Blvd  
Wilmington, DE 19802

**Fax Number: (855)-462-0420**  
**Email: [update@cffde.org](mailto:update@cffde.org)**

Or visit our website to fill out the form online: <http://www.cffde.org/childcare-providers>

**Please call 302-479-1678 or 800-734-2388 if you have any questions**

5/2017