

Attn: Connie Balram

Solano Family & Children's Services
RESOURCE & REFERRAL PROVIDER DATA

_____ Date

Please fill out this form TO BE LISTED IN OUR REFERRAL DATABASE OF CHILD CARE PROVIDERS.

Note: Please base your responses on the care you give on a regular basis.

Provider (or Director) First Name: _____ Last Name: _____

Business Name: _____

Type of Care: Center/Preschool Family Child Care Home Preschool Program School-Age Program
 Exempt, In-home Care (TrustLine) Exempt Center

Physical Street Address: _____ City: _____ Zip: _____

Mailing Address (if different): _____ City: _____ Zip: _____

Business Phone Number (_____) _____ - _____ Other Phone Number (_____) _____ - _____

E-mail Address: _____ Web Address: _____

Family Child Care License Number 48 _____	License Capacity __	Desired Capacity __
---	---------------------	---------------------

CHILD CARE CENTERS ONLY		
INFANT License Number 48 _____	License Capacity __	Desired Capacity __
PRESCHOOL License Number 48 _____	License Capacity ___	Desired Capacity ___
SCHOOL AGE License Number 48 _____	License Capacity ___	Desired Capacity ___

TOTAL Number of openings you currently have today, based on your DESIRED capacity: _____

Accepted Age Range (Youngest) _____ (Oldest): _____

What elementary school is nearest to your business? _____ (list one)

How do the children get between school and your program?

Transportation Provided Walking Distance to School Near Public Transportation
 Near School Bus Route On School Site Provider Transports to children to and from the families home
 Transportation Only Provided

Languages:

Can a person in the environment speak fluently in the languages listed?

- English
- Tagalog
- Arabic
- Hindu
- Mandarin
- Thai
- Spanish
- Vietnamese
- French
- Italian
- Portuguese
- Other: _____
- Chinese
- Korean
- German
- Japanese
- Sign Language

Please return this form to: Solano Family & Children's Services, 421 Executive Court North, Fairfield, CA 94534
If you have questions regarding this form, call the Resource & Referral Program staff at (707) 863-3950.

Education: AA/BA/MA Degree, Child Related
 CDA (Child Development Associate Credential)

Specific Curriculum: Religious Curriculum
 Montessori Curriculum

Accreditation: NAFCC NAEYC NSACA

Days Care Provided	Start Time	End Time
<input type="radio"/> Monday		
<input type="radio"/> Tuesday		
<input type="radio"/> Wednesday		
<input type="radio"/> Thursday		
<input type="radio"/> Friday		
<input type="radio"/> Saturday		
<input type="radio"/> Sunday		

Day Schedule:	Year Schedule:
<input type="radio"/> Full Time (FT) ONLY	<input type="radio"/> Full Year
<input type="radio"/> Part Time (PT) ONLY	<input type="radio"/> School Year ONLY
<input type="radio"/> Both F/T and P/T	<input type="radio"/> Summer ONLY

Other Available Schedules:

- Drop In
- Before School
- Rotating
- Open Holidays
- Temp/Emergency
- After School
- 24 Hour

CHILD CARE RATES:

AGE GROUP	Hourly PT	Daily PT	Weekly PT	Monthly PT
	Hourly FT	Daily FT	Weekly FT	Monthly FT
Infant (0-23 months)	\$	\$	\$	\$
Preschool (2-5 years and 11 months)	\$	\$	\$	\$
School-age (6—13 years)	\$	\$	\$	\$

Environment: Pool Pond Indoor Pets No Pets Wheelchair Accessible
 Hot Tub No pool/Hot Tub/Pond Outside Pets Liability Insurance Smoke Free Environment (including non-business hours)

Meals: Child Care Food Program (CCFP) Breakfast AM Snack I am interested in joining the food program, or need additional information?
 Lunch PM Snack Dinner
 Special Diet

Special Needs: (Please list if you have personal or professional experience or training in these areas)
 Behavioral/Emotional/Psychological Special Health/Medical Need Communication/Language
 Physical Disability Visual/Hearing Developmental Delays
 Developmental Disability Learning Disability Special Equip./Diet/Med's
 Other: _____

Thank you!