

# CHILD CARE CHOICES

## APPLICATION FOR FAMILY DAY CARE PROVIDER

Please complete and return to:  
 Child Care Choices  
 814 W. Main St.  
 Tipp City, Ohio 45371  
 Phone (937) 667-1799/773-9944

Child Care Choices will complete this section

Date application received: \_\_\_\_\_  
 Date home visit: \_\_\_\_\_  
 Date medical form received: \_\_\_\_\_

### GENERAL INFORMATION

NAME \_\_\_\_\_ Nick Name \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

E-mail Address \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ SS# \_\_\_\_\_

AGE: \_\_\_\_\_ 18-30 \_\_\_\_\_ 31-45 \_\_\_\_\_ 46-60 \_\_\_\_\_ Over 60

LOCATION: Nearest Main Crossroad \_\_\_\_\_  
 Area Elementary School \_\_\_\_\_  
 Any schools within walking distance \_\_\_\_\_

TRANSPORTATION: On or near bus route? \_\_\_\_\_ yes \_\_\_\_\_ no If YES, # of bus \_\_\_\_\_

Will you transport children? \_\_\_\_\_ yes \_\_\_\_\_ no  
 If YES, check those which you will do: to/from school \_\_\_\_\_ Which School/s \_\_\_\_\_  
 to/from home \_\_\_\_\_  
 to/from other \_\_\_\_\_  
 to/from activities \_\_\_\_\_

DO YOU SMOKE? \_\_\_\_\_ yes \_\_\_\_\_ no

ARE THERE ANY PETS IN THE HOME? \_\_\_\_\_ none \_\_\_\_\_ cat \_\_\_\_\_ dog \_\_\_\_\_ other \_\_\_\_\_

LIST ALL OTHER PERSONS LIVING IN HOUSEHOLD, INCLUDING NAMES, AGES, AND RELATIONSHIP (ADULTS AND CHILDREN):

Name	Age	Relationship

**PROVIDER EDUCATION AND EXPERIENCE**

INDICATE THE LAST GRADE YOU COMPLETED IN SCHOOL:

- Some High School  
 High School Diploma or GED  
 Some College  
 CDA  
 Associate's Degree  
 Bachelor's Degree  
 Postgraduate
- MAJOR \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

INDICATE ANY TRAINING YOU HAVE HAD IN CHILD CARE:

- College courses in child care  
 College degree in child care  
 Training meetings/workshops on child care

LIST ANY ADDITIONAL TRAINING (ALL COURSES AND WORKSHOPS) THAT YOU HAVE HAD IN CHILD CARE OR EARLY CHILDHOOD EDUCATION.

NAME OF LAST SCHOOL OR COLLEGE ATTENDED: \_\_\_\_\_

HAVE YOU HAD ANY HEALTH OR EMERGENCY CARE TRAINING?  yes  no  
 If YES, list sources and dates: \_\_\_\_\_

DESCRIBE YOUR EXPERIENCE IN WORKING WITH CHILDREN OTHER THAN YOUR OWN.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

DESCRIBE SPECIAL SKILLS YOU HAVE (BILINGUAL, SPECIAL TRAINING, ETC.):

\_\_\_\_\_  
 \_\_\_\_\_

**DAY CARE SERVICES**

INDICATE WHAT DAYS AND HOURS YOU ARE AVAILABLE TO CARE FOR CHILDREN:

- |   |                     |  |
|---|---------------------|--|
| <input type="checkbox"/> Monday through Friday      | from _____ to _____ | Are you flexible about opening and closing hours?<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| <input type="checkbox"/> Saturday                   | from _____ to _____ |  |
| <input type="checkbox"/> Sunday                     | from _____ to _____ |  |
| <input type="checkbox"/> Overnight Care             | from _____ to _____ |  |
| <input type="checkbox"/> Afternoon or evening shift | from _____ to _____ |  |

- |   |                                      |
|---|--------------------------------------|
| <input type="checkbox"/> Full Time Only               | <input type="checkbox"/> Full Year   |
| <input type="checkbox"/> Part-Time Only               | <input type="checkbox"/> School Year |
| <input type="checkbox"/> Full Time and Part Time Care | <input type="checkbox"/> summer      |

Do you provide special schedules and/or services? Check all that apply.

<input type="checkbox"/> Drop-In Care	<input type="checkbox"/> Care for handicapped? Have you been trained? _____
<input type="checkbox"/> Hourly	<input type="checkbox"/> Bi-Lingual (which language?) _____
<input type="checkbox"/> Temporary/Emergency Care	<input type="checkbox"/> Health services _____
<input type="checkbox"/> Sick Child Care	<input type="checkbox"/> Preschool program _____
<input type="checkbox"/> 24 hour care	<input type="checkbox"/> Before and after school care _____
<input type="checkbox"/> Weekend Care	<input type="checkbox"/> Other _____

WILL YOU CARE FOR CHILDREN WITH SPECIAL NEEDS?  Yes  No  
 Comments \_\_\_\_\_

CHECK THE AGES OF CHILDREN YOU WILL CARE FOR, THE NUMBER OF CHILDREN IN EACH GROUP, AND THE FEE YOU CHARGE FOR EACH AGE GROUP:

<u>Ages Willing to Care For</u>	<u>Number</u>	<u>Hourly Fee</u>	<u>Daily Fee</u>	<u>Weekly Fee</u>
____ Infants (0-18 months)	_____	_____	_____	_____
____ Toddlers (18 to 35 months)	_____	_____	_____	_____
____ Preschoolers (3 to 5 years)	_____	_____	_____	_____
____ School Age (6 years and up)	_____	_____	_____	_____
____ Teens	_____	_____	_____	_____

DO YOU OFFER FEE DISCOUNTS FOR A SECOND CHILD FROM ONE FAMILY?

\_\_\_\_ Yes \_\_\_\_ No If YES, list fee \_\_\_\_\_

DO YOU OFFER A SLIDING FEE BASED ON THE PARENT'S INCOME? \_\_\_\_ Yes \_\_\_\_ No

ARE YOU CURRENTLY CERTIFIED TO CARE FOR CHILDREN WHOSE FEES ARE PAID FOR BY PUBLIC FUNDS? \_\_\_\_ Yes \_\_\_\_ No If YES, by whom? \_\_\_\_\_

If not, are you interested in being certified? \_\_\_\_ Yes \_\_\_\_ No

HAVE YOU, OR A MEMBER OF YOUR HOUSEHOLD, EVER BEEN DENIED CERTIFICATION OR BEEN TERMINATED AS A FAMILY CHILD CARE PROVIDER, FOSTER CARE PROVIDER, OR AS A PARTICIPANT IN THE FOOD PROGRAM? \_\_\_\_ Yes \_\_\_\_ No

If YES, please explain \_\_\_\_\_

WHAT MEALS DO YOU SERVE? \_\_\_\_ Breakfast \_\_\_\_ AM Snack \_\_\_\_ Lunch  
\_\_\_\_ PM Snack \_\_\_\_ Dinner \_\_\_\_ Special Diet

DO YOU PARTICIPATE IN A FEDERALLY FUNDED CHILD CARE FOOD PROGRAM?

\_\_\_\_ Yes \_\_\_\_ No If YES, which program? \_\_\_\_\_

INDICATE WHAT PLAY SPACE IS AVAILABLE FOR CHILDREN:

\_\_\_\_ House. List number of rooms available for children \_\_\_\_\_

\_\_\_\_ Mobile Home

\_\_\_\_ Apartment. List number of rooms available for children \_\_\_\_\_

\_\_\_\_ Adjacent Yard Is yard fenced? \_\_\_\_ Yes \_\_\_\_ No

\_\_\_\_ Park within walking distance

\_\_\_\_ Special play space. Explain \_\_\_\_\_

WHAT IS YOUR POLICY FOR SICK CHILDREN? \_\_\_\_\_

### REFERENCE INFORMATION

Please give us the names and address of three people that we can contact for personal references. They should be people who are not related to you that could give a reference concerning your qualifications for the job of family child care provider. Ideally, these would be people whose children you have cared for. Please contact your references to let them know that we will be sending them a form to complete.

(SEE FOLLOWING PAGES FOR MINIMUM STANDARDS FOR CHILD CARE PROVIDERS.)