

# Family Childcare Program

## General Info

Contact Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_  
Street Name and Number Unit#

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(If different from physical) Street Name and Number Unit#

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Cell Phone for Text: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

## Program Type

We are a:

- |  |  |
|--|--|
| <input type="checkbox"/> Independent Family Childcare Educator | <input type="checkbox"/> Part of Family Childcare System |
| <input type="checkbox"/> Preschool                             | <input type="checkbox"/> Head Start                      |
|  | <input type="checkbox"/> Early Head Start                |

## Credentials

MA Program ID: \_\_\_\_\_

License ID: \_\_\_\_\_

First Provided Care: \_\_\_\_\_

License Exp: \_\_\_\_\_

P Number: \_\_\_\_\_

License Type: ☐ EEC Regulated ☐ DESE Regulated ☐ DPH Regulated ☐ Other

**Accreditation:** ☐ NAFCC ☐ CDA

Please check all that apply

**Certification/Degree/Education:**

Please choose highest degree achieved

- |   |  |
|---|--|
| <input type="checkbox"/> High School/Diploma/GED      | <input type="checkbox"/> Some College, Child Related     |
| <input type="checkbox"/> Some College, Other Emphasis | <input type="checkbox"/> Associate Degree, Child Related |
| <input type="checkbox"/> Associate degree, Other      | <input type="checkbox"/> Bachelor's, Child Related       |
| <input type="checkbox"/> Bachelor's, Other            | <input type="checkbox"/> Advanced Degree                 |
| <input type="checkbox"/> Other                        |  |

**Languages:**

Please check all languages spoken at your program

- |  |   |
|--|---|
| <input type="checkbox"/> English                 | <input type="checkbox"/> American Sign Language (ASL) |
| <input type="checkbox"/> Amharic                 | <input type="checkbox"/> Armenian                     |
| <input type="checkbox"/> Cambodian               | <input type="checkbox"/> Cantonese                    |
| <input type="checkbox"/> Cape Verdean Portuguese | <input type="checkbox"/> Croatian                     |
| <input type="checkbox"/> French                  | <input type="checkbox"/> Greek                        |
| <input type="checkbox"/> Haitian Creole          | <input type="checkbox"/> Italian                      |
| <input type="checkbox"/> Khmer                   | <input type="checkbox"/> Laotian                      |
| <input type="checkbox"/> Mandarin                | <input type="checkbox"/> Polish                       |
| <input type="checkbox"/> Portuguese              | <input type="checkbox"/> Russian                      |
| <input type="checkbox"/> Spanish                 | <input type="checkbox"/> Vietnamese                   |
| <input type="checkbox"/> Other _____             |   |

**About Our Program:****Affiliation:**

Please check all that apply

- |                                    |                                     |
|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Religious | <input type="checkbox"/> FCC System |
| <input type="checkbox"/> Other     |                                     |

**Environment:**

Please check all that apply

- |   |   |
|---|---|
| <input type="checkbox"/> Smoke Free Home        | <input type="checkbox"/> No Pets                |
| <input type="checkbox"/> Dogs                   | <input type="checkbox"/> Cats                   |
| <input type="checkbox"/> Other Pets             | <input type="checkbox"/> Adult Pool             |
| <input type="checkbox"/> Air Conditioned        | <input type="checkbox"/> Fenced Yard            |
| <input type="checkbox"/> Outdoor Play Equipment | <input type="checkbox"/> Uses Public Playground |
| <input type="checkbox"/> Wheelchair Accessible  | <input type="checkbox"/> Approved Assistant     |
| <input type="checkbox"/> Field Trips            |   |

**Meals:**

Please check all that apply

- |  |   |
|--|---|
| <input type="checkbox"/> Breakfast             | <input type="checkbox"/> Special Diet             |
| <input type="checkbox"/> Morning Snack         | <input type="checkbox"/> Lunch                    |
| <input type="checkbox"/> Parent Provides Lunch | <input type="checkbox"/> Afternoon Snack          |
| <input type="checkbox"/> Dinner                | <input type="checkbox"/> Parent Provides Food     |
| <input type="checkbox"/> Special Meal Request  | <input type="checkbox"/> USDA Food Program Member |
| <input type="checkbox"/> Peanut Free           |   |

**Transportation:**

Please check all that apply

- |   |  |
|---|--|
| <input type="checkbox"/> Transportation provided            | <input type="checkbox"/> Walking distance to schools |
| <input type="checkbox"/> Near public transportation         | <input type="checkbox"/> On public school bus route  |
| <input type="checkbox"/> Provides school age transportation |  |

**Philosophy:**

Please check all that apply

- |   |  |
|---|--|
| <input type="checkbox"/> Academic Program               | <input type="checkbox"/> High/Scope Approach   |
| <input type="checkbox"/> Learning/Play                  | <input type="checkbox"/> Montessori            |
| <input type="checkbox"/> Parent Cooperative             | <input type="checkbox"/> Piaget                |
| <input type="checkbox"/> Reggio Emilia                  | <input type="checkbox"/> Religious Orientation |
| <input type="checkbox"/> Resources for Infant Educarers | <input type="checkbox"/> Waldorf               |

**Our Schedule**

**Days:**   ☐ Monday   ☐ Tuesday   ☐ Wednesday   ☐ Thursday   ☐ Friday   ☐ Saturday   ☐ Sunday

**Time Open:** \_\_\_\_\_ **Time Close:** \_\_\_\_\_

**Year Schedule:**

☐ Full Year   ☐ School Year   ☐ Summer only

**Schedule:**

Please check all that apply

- |  |   |
|--|---|
| <input type="checkbox"/> Full time                 | <input type="checkbox"/> Part time                    |
| <input type="checkbox"/> Drop in care              | <input type="checkbox"/> Before School                |
| <input type="checkbox"/> After School              | <input type="checkbox"/> Rotating                     |
| <input type="checkbox"/> Open Holidays             | <input type="checkbox"/> Temporary/Emergency          |
| <input type="checkbox"/> 24 Hours                  | <input type="checkbox"/> Evening                      |
| <input type="checkbox"/> Overnight                 | <input type="checkbox"/> Weekend                      |
| <input type="checkbox"/> Sick Care                 | <input type="checkbox"/> Accepts School Closures Only |
| <input type="checkbox"/> Open School Vacation Week |   |

**More Options:**

Please check all that apply

- ☐ Part Week  
☐ Full Day  
☐ Full Week  
☐ Morning Session
- ☐ Part Day  
☐ Early Day  
☐ Flexible Schedule

**Schedule Notes:**

Please tell us about your program

---



---



---



---



---



---

**Program Data by Age:****Child Cost Details:****Rates:**

FT = Full Time / PT = Part Time

Age Group:	FT Hourly	FT Day (6+ hours)	FT Week	FT Month	PT Daily
<b>Under 2 years of age</b>					
<b>Over 2 years of age</b>					

**More Details:**

Age Group:	FT Openings	Licensed Capacity
<b>Under 2 years of age</b>		
<b>Over 2 years of age</b>		

**Care for Ages:**

From: \_\_\_\_\_ years \_\_\_\_\_ months

To: \_\_\_\_\_ years \_\_\_\_\_ months

**Capacity:**

Desired Capacity: \_\_\_\_\_ Licensed Capacity: \_\_\_\_\_

Total Openings: \_\_\_\_\_ Openings as of (Date): \_\_\_\_\_

**Financial Assistance:**

Please check all that apply

- |  |   |
|--|---|
| <input type="checkbox"/> Active-Duty Military Discount | <input type="checkbox"/> Campership           |
| <input type="checkbox"/> Contracted Slots              | <input type="checkbox"/> DCF Supportive Slots |
| <input type="checkbox"/> Head Start                    | <input type="checkbox"/> Private Scholarship  |
| <input type="checkbox"/> Sibling Discount              | <input type="checkbox"/> Sliding Fee Scale    |
| <input type="checkbox"/> Teen Parent Slot              | <input type="checkbox"/> United Way           |
| <input type="checkbox"/> Voucher                       | <input type="checkbox"/> Other                |

**Additional Fees:**

Please check all that apply

- |   |  |
|---|--|
| <input type="checkbox"/> Activity Fee     | <input type="checkbox"/> Extended Care Fee |
| <input type="checkbox"/> Late Fee         | <input type="checkbox"/> Materials Fee     |
| <input type="checkbox"/> Registration Fee | <input type="checkbox"/> Waitlist Fee      |

**Special Needs:**

Please check all that you are willing to and/or able to accommodate:

**Behavior Related:**

- |   |   |                                  |                                   |
|---|---|----------------------------------|-----------------------------------|
| <input type="checkbox"/> ADD/ADHD         | <input type="checkbox"/> Autism Spectrum Disorder | <input type="checkbox"/> At Risk | <input type="checkbox"/> Behavior |
| <input type="checkbox"/> Emotional/Social |   |                                  |                                   |

**Developmental Delays:**

- |  |  |
|--|--|
| <input type="checkbox"/> Developmental | <input type="checkbox"/> Sensory Integration |
|--|--|

**General Support Medical/Genetic:**

- |  |  |                                       |   |
|--|--|---------------------------------------|---|
| <input type="checkbox"/> Asthma/Allergies  | <input type="checkbox"/> Physical          | <input type="checkbox"/> Feeding Tube | <input type="checkbox"/> Hearing Impairment |
| <input type="checkbox"/> Visual Impairment | <input type="checkbox"/> Medical Condition | <input type="checkbox"/> Monitors     |   |

**Special Needs Notes:**

---

---

---

---

**FCC System Name:**

if applicable

---