



Name: _____ Business Name: _____

Address: _____

City: _____ Zip Code: _____

Phone: _____ Cell Phone: _____

Email Address: _____

Local School: _____

Nearest Cross Street: _____

Mailing Address: _____ City: _____

Zip Code: _____

License Information:

Facility # _____ License Effective Date: _____

License Type:

Family Child Care Child Care Center License-Exempt

Preschool School Age Infant

Capacity: _____ Desired Capacity: _____ Current Vacancies: _____

Ages Preferred: Youngest: _____ Oldest: _____

School District:

Livermore Dublin Pleasanton Sunol

Transportation:

Provide transportation? Yes No

If yes, name of the school for which transportation is provided:

Walking Distance to School? Yes No

Near Public Transportation? Yes No



Languages:

Languages spoken: _____

Experience in Special Needs (Check all that apply)

Academic Coursework Child Care Experience Workshops Related Degree

Personal Experience

Special Needs Training:

Behavioral/Emotional/Psychological Special Health/Medical Needs

Communication/Language Physical Disability

Visual/Hearing Developmental Delays

Developmental Disability Learning Disability

Requires Special Equipment/Dietary/Med. Needs

Other Illness of Disorders

Facility Information:

Current Openings (Please specify age and hours)

Operating Hours: From _____ To _____ Flexible? _____

Days of the Week: Mon. Tues. Wed. Thurs. Fri. Sat. Sun.

Type of Care: (Check all that apply)

Part-time Full Time Drop In Year Round

Weekend Nights (after 7pm) Before School After School

Weekly Rates:

0-2 yrs: \$_____ Full Time

0-2 yrs: \$_____ Part Time

2-5 yrs: \$_____ Full Time

2-5 yrs: \$_____ Part Time

School Age: \$_____ Full Time

School Age: \$_____ Part Time



Environment:

Pets: _____ (Animal Type)

Pool/Spa: Yes No

Meals Provided: a.m. Snack Breakfast Lunch p.m. Snack

Provider Information:

Training: (Check all that apply)

- CPR/First Aid Preventative Health New Provider
- Early Childhood Education Courses Child Care Initiative Project (CCIP)
- Workshops/Conferences National Accreditation

Education: (Check all that apply)

- Academic _____ units. AA (ECE)
- BA (ECE) Child Development Permit
- ECE Certificate

Advocacy:

- Receive Email Action Alerts Write Letters Make Phone Calls
- Visit Legislators

Accepts Subsidized Child Care Programs:

- Yes No

Curriculum:

- Montessori Religious Academic Child Development
- Play Based High Scope Kindergarten Preschool Program
- Homework/Study Time

Important: Include a copy of your Child Care License.

For Staff Use Only:

NACCRRRA#: _____

Date Entered: _____