



Child Care Resource & Referral

1001 SW Baseline St., Hillsboro, OR 97123

971.223.6100 fax: 503.648.4175

Parent Enrollment Form

Thank you for contacting the Child Care Resource & Referral of Washington County to help in your child care search! Please fill out the information below as completely as possible and mail this form to the address above or fax it to 503-648-4175. We will process this quickly and send you referrals (not recommendations) based on the information that the providers have supplied to us. Please contact us at 971-223-6100 or 1-800-624-9516 if you have any questions or need additional referrals.

In order to protect the privacy of all concerned individuals, the CCR&R staff will not breach confidentiality of applicant, staff or client information, except in very specific cases where release of such information is required or permitted by law or Agency policy.

Please indicate if your child has any special child care needs; such as transportation, physical disabilities, behavioral issues, etc. You will be given referrals to providers based on the information you provide.

First Name

Last Name

Mailing Address

City

Zip

Home Phone

Work Phone

Cell Phone

Fax Number

Email address

I would like to look for care that is close to:

Home: cross streets or address *(if different from mailing)*

School Name

Work: cross streets or address

Other: cross streets or address

The following information is requested for statistical purposes only. It **will not** be used for search criteria, and is **strictly confidential**.
By providing this information, you help illustrate the diversity of parents in our child care community.

How many adults over 18 live in the household? _____ What is your family size? _____

What is your income category: No Income - \$24,999 \$25,000 - \$44,999 \$45,000 or above choose not to answer

Who will be paying for client's child care?

Self DHS, JOBS/TANF (NO copay) DHS ERDC (has copay) Child Welfare Services
 Employer WIA (Workforce Investment Act) School Assisting Other: _____

How did you hear about our service?

Internet Employer Flyer/Brochures
 Newspaper Community Event Phone Book
 Friend/Relative Provider Physician/Hospital
 DHS CCD Other _____

Reason client is seeking child care:

Employment Seeking Employment Relocation Training/Education
 Current Care ending Parent's needs Child's needs Cost issues Quality issues

Who is your employer?

Who is your spouse's employer?



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Facility Preference:

- Family Child Care Home
- Child Care Center

- State Regulated ONLY
- Non State regulated OK

_____/_____/_____/_____/_____/_____
 1st Child's Name (Optional) Age Date of Birth Date Child Care Needed

Days needed for child care: Sun Mon Tues Wed Thu Fri Sat

Earliest time child will be dropped off: _____ Latest time child will be picked up: _____

Scheduling Needs:

- Full Time Part Time
- Rotating Days Drop-in
- Before School After School

School Name (if applicable) _____
 (allergies)

Transportation to/from School
 (school bus, walking distance, providers that transport)

Provider who speaks:

- English only Spanish only Bilingual English/Spanish
- Other _____

Program Needs:

- No Smoking No Dogs No Cats No Pets (due to allergies)

Specify Special Needs Requests _____

_____/_____/_____/_____/_____/_____
 2nd Child's Name (Optional) Age Date of Birth Date Child Care Needed

Days needed for child care: Sun Mon Tues Wed Thu Fri Sat

Earliest time child will be dropped off: _____ Latest time child will be picked up: _____

Scheduling Needs:

- Full Time Part Time
- Rotating Days Drop-in
- Before School After School

School Name (if applicable) _____
 (allergies)

Transportation to/from School
 (school bus, walking distance, providers who transport)

Provider who speaks:

- English only Spanish only Bilingual English/Spanish
- Other _____

Program Needs:

- No Smoking No Dogs No Cats No Pets (due to allergies)

Specify Special Needs Requests _____

_____/_____/_____/_____/_____/_____
 3rd Child's Name (Optional) Age Date of Birth Date Child Care Needed

Days needed for child care: Sun Mon Tues Wed Thu Fri Sat

Earliest time child will be dropped off: _____ Latest time child will be picked up: _____

Scheduling Needs:

- Full Time Part Time
- Rotating Days Drop-in
- Before School After School

School Name (if applicable) _____
 (allergies)

Transportation to/from School
 (school bus, walking distance, providers who transport)

Provider who speaks:

- English only Spanish only Bilingual English/Spanish
- Other _____

Program Needs:

- No Smoking No Dogs No Cats No Pets (due to allergies)

Specify Special Needs Requests _____