



Child Care Resource & Referral

1001 SW Baseline St., Hillsboro, OR 97123

971.223.6100 fax: 503.648.4175

Family Child Care Provider Enrollment Form

Child Care Resource & Referral of Washington County offers services to all people regardless of income, color, race, sex, age, creed, national origin, level of ability, or sexual orientations. This is in keeping with the belief that all children grow best in an environment free of bias, and where the child's own cultural values and those of others are respected. Parents will be referred to providers using the information given by the provider. If you have questions or need assistance filling out this form please call us at 971.223.6100 or 1.800.624.9516.

****Please fill out enrollment form as completely as possible as it applies to your *current* child care program.****

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.

Owner's Name (First & Last): _____

Business Name: _____ The following information is requested for the purpose of creating a unique ID number. _____ (Your Date of Birth)
Your Last 5 digits of SS No. Month Day Year

We offer an online searchable database for parents: www.oregonchildcare.org

May we put information about your child care business on the internet for online searching? YES NO

Address: _____ City: _____ ZIP: _____

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

Two major crossroads: _____ County: _____

Primary Phone: (_____) _____ Secondary Phone: (_____) _____

Fax#: _____ E-mail: _____

Web Address: _____

Program Information:

License Type: Registered Certified Exempt (not State regulated)

Registration #: _____ Expiration Date: _____

Licensed Capacity: _____
(do not include your own children under age 12)

List number of current openings by age group	Under 2 yrs	2 yrs to 1 st Grade	School Age

Desired Capacity: _____

Total Vacancies: _____ Ages Served: From: _____ years _____ months _____ weeks
 To: _____ years _____ months

What schools are in walking distance or have transportation available to your program? _____

near school bus walking distance of school near public transportation transports to/from school

Primary language: _____ Other language(s) fluently spoken: _____

Do you have a preschool curriculum? Yes No

Extended Hour Care Offered (mark all you are willing to provide on a **regular** basis)

- Early morning (starting between 3 am and 5:59 am)
- Evening (after 6:30 pm)
- Overnight (at least between 10 pm and 3 am)
- Weekend (regular care on Saturday and/or Sunday)
- Occasional early morning
- Occasional evening
- Occasional overnight
- Occasional weekend
- Flexible am
- Flexible pm

Care Arrangements

- Drop in ok?
- Provide temporary care?
- Before school care
- After school care
- Rotating shift care
- 24-hour care
- Open holidays
- Provide Full Time Care?
- Provide Part Time Care?
- Full year program?
- Follows school year schedule only?

Days and Hours of Operation

- Mon Tues Wed Thur Fri Sat Sun

Hours of Operation: FROM am pm TO am pm

Rates

	Hourly	Daily	Weekly	Monthly
Infants up to 12 months	Full Time			
Toddler, 1 to 2 years	Full Time			
Preschool aged children	Full Time			
School age, 1 st grade up (during school year)	Full Time			
School age, 1 st grade up (during summer)	Full Time			

	Hourly	Daily	Weekly	Monthly
Part Time				
Part Time				
Part Time				
Part Time				
Part Time				

(please specify all rates available, but at least one rate)

Comments _____

Additional Fees

- Registration fee
- Charge for transportation
- Deposit
- Extra charge for meals
- Materials/book fee
- Other fees

Environment

- No smoking on premises
- No pets at all
- No dogs
- Pets separate from children
- No TV
- Monitored TV
- Covered outdoor play
- Outdoor play structure
- No cats
- Completely fenced yard
- Outdoor play area

Meals

- USDA Food Program
- Provides breakfast
- Provides lunch
- Provides dinner
- Snacks provided
- Parent must bring meals
- Special meals requests accommodated
- Breastfeeding supported

Philosophy

- Montessori
- Waldorf
- Religious curriculum

Financial Assistance

- Willing to accept DHS
- NOT willing to accept DHS
- DHS listed
- Qualified for DHS enhanced rate
- Multi-child discount
- Offers sliding fee scale
- Rates Negotiable
- Parent co-op

Policies

- Written contract
- Written policies
- Liability insurance
- Have backup (substitute) provider
- Have references
- Pay for slot whether child is in care or not
- Charges late fees
- Must be potty trained
- Needs payment in advance

Special Skills

- Inclusion training
- Domestic Violence/abuse training
- Behavioral issues training
- Medical support training
- Diversity training

Safety

- | | | |
|--|--|--|
| <input type="checkbox"/> First Aid | <input type="checkbox"/> CPR | <input type="checkbox"/> Food handler's permit |
| <input type="checkbox"/> R/RCAN <i>(Recognizing abuse/neglect)</i> | <input type="checkbox"/> Health & Safety, Module 1 | <input type="checkbox"/> Health & Safety, Module 2 |
| <input type="checkbox"/> Health & Safety, Module 3 | <input type="checkbox"/> Health & Safety, Module 4 | <input type="checkbox"/> Health & Safety, Module 5 |
| <input type="checkbox"/> Attended FCC Overview | | |

Special Needs/Disability training *(please document training/experience below)*

- | | | |
|---|---|---|
| <input type="checkbox"/> Behavior supervision/support | <input type="checkbox"/> Communications support | <input type="checkbox"/> Socialization supports |
| <input type="checkbox"/> Diapering/toileting assistance <i>(older children)</i> | <input type="checkbox"/> Mobility assistance | <input type="checkbox"/> Medication monitoring |
| <input type="checkbox"/> Nursing Care | <input type="checkbox"/> Physical therapy | <input type="checkbox"/> Specialized equipment |
| <input type="checkbox"/> Wheelchair access | <input type="checkbox"/> Accessible bathroom | <input type="checkbox"/> No experience but willing to learn |

Training

- | | | |
|--|--|--|
| <input type="checkbox"/> Dollars and Sense | <input type="checkbox"/> Social & Emotional Module 1 | <input type="checkbox"/> Social & Emotional Module 2 |
| <input type="checkbox"/> Social & Emotional Module 3 | <input type="checkbox"/> Social & Emotional Module 4 | <input type="checkbox"/> First by Five Module 1 |
| <input type="checkbox"/> First by Five Module 2 | <input type="checkbox"/> First by Five Module 3 | <input type="checkbox"/> First by Five Module 4 |

Experience

- | | | |
|--|---|--|
| <input type="checkbox"/> Trained as child care provider mentor | <input type="checkbox"/> Center care experience | <input type="checkbox"/> Previous family child care experience |
| <input type="checkbox"/> K-elementary classroom teacher | <input type="checkbox"/> Experience with medical assistance | |

Education

- | | | |
|--|--|--|
| <input type="checkbox"/> High school diploma/GED | <input type="checkbox"/> Some college, child related | <input type="checkbox"/> Some college, other related |
| <input type="checkbox"/> NO High school diploma/GED | <input type="checkbox"/> Associate degree, other related | <input type="checkbox"/> Bachelor's, child related |
| <input type="checkbox"/> Associate degree, child related | <input type="checkbox"/> MA/MS or PhD | <input type="checkbox"/> CNA/CMA/LPN/RN |
| <input type="checkbox"/> Bachelors, other related | | |

Accreditation

- | | | |
|--------------------------------|--------------------------------------|--------------------------------|
| <input type="checkbox"/> NAFCC | <input type="checkbox"/> NAEYC/NAECP | <input type="checkbox"/> NSACA |
| <input type="checkbox"/> CDA | | |

Affiliation

- | | | |
|--------------------------------|--------------------------------|---|
| <input type="checkbox"/> PRO | <input type="checkbox"/> NAFCC | <input type="checkbox"/> OFCCN |
| <input type="checkbox"/> OAEYC | <input type="checkbox"/> OSAC | <input type="checkbox"/> Stand for Children |

Oregon Registry

- | | | |
|---|--|--|
| <input type="checkbox"/> Step 1 | <input type="checkbox"/> Step 2 | <input type="checkbox"/> Step 3 |
| <input type="checkbox"/> Step 4 | <input type="checkbox"/> Step 5 | <input type="checkbox"/> Step 6 |
| <input type="checkbox"/> Step 7 or 7.5 | <input type="checkbox"/> Step 8 or 8.5 | <input type="checkbox"/> Step 9 or 9.5 |
| <input type="checkbox"/> Step 10 or above | | |

Program Structure

- | | | |
|--|---|---|
| <input type="checkbox"/> Homework assistance | <input type="checkbox"/> Scheduled activities | <input type="checkbox"/> Field trips |
| <input type="checkbox"/> Additional lessons | <input type="checkbox"/> Computer | <input type="checkbox"/> Organized outdoor activities |

The CCR&R newsletter is mailed out to you every quarter. Please indicate your language preference:

- | | | |
|----------------------------------|----------------------------------|-------------------------------|
| <input type="checkbox"/> English | <input type="checkbox"/> Spanish | <input type="checkbox"/> Both |
|----------------------------------|----------------------------------|-------------------------------|

Briefly describe any Early Childhood Education or special needs training or background you have:

Please provide additional information you would like us to know about your program:

The Child Care Resource & Referral of Washington County provides child care referrals—not recommendations. It is the family's responsibility to screen the referred providers by visiting and asking questions. The provider is in no way obligated to take a child we refer to them. In order for us to make referrals, which help both parents and providers meet their needs, it is critical that the information in our database is accurate and reflects the true nature of your child care facility. Please help us keep your program information updated on a regular basis. If the Child Care Division has revoked/denied/suspended your registration for any reason we will remove you from our database automatically. The Child Care Resource & Referral has the final decision about who is enrolled on our database.

Please sign and return this form to Child Care Resource & Referral at Community Action.

My signature certifies that I understand the contents of this enrollment form and that all the information on this form is correct.

Signature of Provider: _____ Date: _____

Print your Name: _____

IF THIS FORM IS COMPLETED BY SOMEONE OTHER THAN THE APPLICANT, PLEASE READ AND SIGN BELOW.

I have read this form to the applicant in the applicant's primary language. The applicant told me that they understood and verified the contents of the form and the answers to the questions, and that those answers are their own answers.

Signature: _____ Date: _____

Would you like more information on the following?

The Learning Circle

An onsite literacy training program that comes to you!

CDA Classes

Specialized trainings to work toward your Childhood Development Associate credential.
The CDA is a nationally recognized Early Childhood credential.

\$5 Training Buck

This certificate entitles the bearer to \$5 off the purchase of
The Learning Circle or other workshops conducted by
the Child Care Resource & Referral of Washington County.