



Child Care Resource & Referral

1001 SW Baseline St., Hillsboro, OR 97123

971.223.6100 fax: 503.648.4175

Center Child Care 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.

Business Name: _____ Director/Contact Person: _____

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 for Licensed Centers

License#: _____ Expiration Date: _____ Ages Served: From _____ To _____

Using the appropriate table for your center, write in your licensed capacity for number of children in each age group.

Table A Age of Children	6 weeks of age through 23 months	24 months of age through 35 months	36 months of age to attending kindergarten	Attending kindergarten and older
Licensed Capacity				
Current # of vacancies				

Table B Age of Children	6 weeks of age and under 30 months	30 months old to attending kindergarten	Attending kindergarten and older
Licensed Capacity			
Current # of vacancies			

Program information for Preschool Program only (Exempt program-not state regulated)

Desired Capacity: _____ Ages Served: From: _____ years _____ months

Total Vacancies: _____ 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 TO
circle am pm 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, 1st grade up <i>(during school year)</i>	Full Time			
School age, 1st grade up <i>(during summer)</i>	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)

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 cats
 No dogs Pets separate from children Completely fenced yard
 No TV Monitored TV Outdoor play area
 Covered outdoor play Outdoor play structure

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 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

- First Aid
- R/RCAN *(Recognizing abuse/neglect)*
- Health & Safety, Module 3
- CPR
- Health & Safety, Module 1
- Health & Safety, Module 4
- Food handler's permit
- Health & Safety, Module 2
- Health & Safety, Module 5

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

- Behavior supervision/support
- Diapering/toileting assistance
- Nursing Care
- Wheelchair access
- Communications support
- Mobility assistance
- Physical therapy
- Accessible bathroom
- Socialization supports
- Medication monitoring
- Specialized equipment
- No experience but willing to learn

Training

- Dollars and Sense
- Social & Emotional Module 3
- First by Five Module 2
- Other ECE classes *(list below)*
- Social & Emotional Module 1
- Social & Emotional Module 4
- First by Five Module 3
- Social & Emotional Module 2
- First by Five Module 1
- First by Five Module 4

Experience

- Trained as child care provider mentor
- K-elementary classroom teacher
- Center care experience
- Experience with medical assistance
- Previous family child care experience

Education

- High school diploma/GED
- NO High school diploma/GED
- Associate degree, child related
- Bachelors, other related
- Some college, child related
- Associate degree, other related
- MA/MS or PhD
- Some college, other related
- Bachelor's, child related
- CNA/CMA/LPN/RN

Accreditation

- NAFCC
- CDA
- NAEYC/NAECP
- NSACA

Affiliation

- PRO
- OACCD
- NAFCC
- Other provider support org
- OAEYC
- OFCCN
- Provider network
- OSAC
- Stand for Children

Oregon Registry

- Step 1
- Step 4
- Step 7 or 7.5
- Step 10 or above
- Step 2
- Step 5
- Step 8 or 8.5
- Step 3
- Step 6
- Step 9 or 9.5

Program Structure

- Homework assistance
- Additional lessons
- Scheduled activities
- Computer
- Field trips
- Organized outdoor activities

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

- English
- Spanish
- Both

Briefly describe any Early Childhood Education or special needs training or background staff has:

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. Information on training and technical assistance in meeting the above standards is available from the Child Care Resource & Referral. 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-I or The Learning Circle-II
Onsite literacy training programs 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.