



# Child Care Resource & Referral

of Washington County

1001 SW Baseline St., Hillsboro, OR 97123

971.223.6100 fax: 503.648.4175

Dear Family Child Care Provider:

Our files show that your child care program has not been updated on our referral database. In order to best serve the community requests for referrals and statistical data of child care supply and demand, we need to keep our files complete and up-to-date. Please fill out the form with your current program information and mail or fax it to us.

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

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Web Address: \_\_\_\_\_

The following information is requested for the purpose of creating a unique ID number.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Your Last 5 digits of SS No.    Month    Day    Year  
 (Date of Birth)

I am no longer providing child care. Reason: \_\_\_\_\_

CCD Registration / Certification #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Exempt from Registration       Pending Registration      Date Sent: \_\_\_\_\_

Hours of Operation: Open: \_\_\_\_\_ Close: \_\_\_\_\_     Sun     Mon     Tue     Wed     Thu     Fri     Sat

Type of Schedule     Full Time     Part Time      Comments about hours: \_\_\_\_\_

What ages of children do you care for? From: \_\_\_\_\_ To: \_\_\_\_\_

Licensed capacity minus your own children under age 13? \_\_\_\_\_

What is the total number of children you will care for at one time (not including your own children)? \_\_\_\_\_

Will/are you accepting families that have child care subsidies through DHS?  Yes     No

Please list the number of children enrolled, vacancies available and fees by age group:

	Enrolled	Vacancies	Full Time Fees	Part Time Fees	Comments
<b>Infants: 6 wks - 1 yr</b>					
<b>Toddler: 1 yr - 2 yr</b>					
<b>Preschool: 2 yr-Kindergarten</b>					
<b>School Age: Before/After care</b>					
<b>School Age: Before school only</b>					
<b>School Age: After school only</b>					
<b>School Age: Summer</b>					

Please list if you charge any of the following:

Registration Fee \_\_\_\_\_ Advance Deposit \_\_\_\_\_ Advance Payment \_\_\_\_\_

Do you provide transportation to local schools?  yes     no     on school bus route     walking distance

Please list the schools: \_\_\_\_\_

Thank you for taking the time to fill this out!

The Resource Team at  
 Child Care Resource & Referral of Washington County