



Provider Intake Form

PLEASE ANSWER ALL QUESTIONS

Rev. 11/21/2011

Date: _____ Program Name: _____

Director: _____ Phone 1: _____

Contact: _____ Phone 2: _____

Address: _____ Fax: _____

City: _____ Zip + 4: _____ E-mail: _____

Website: _____

Federal Identification Number: _____

NOTE: To apply for a Federal Identification Number (aka EIN or Taxpayer Id Number): **BY PHONE:** 1-800-829-4933 (toll free)
To apply takes just a few moments and is **free of charge.** **WEBSITE:** www.irs.gov

- In the upper right corner of the website is the "Search Box"
- Type in "Employer Id Number"

TRANSPORTATION: I offer transportation services I am located near public transportation
 School Bus Transportation – I am located on the school bus route for the following school(s):

REGISTERED/LICENSED FACILITY TYPE (check one):

- | | | |
|--|--|---|
| <input type="checkbox"/> Day Care Center (<i>Licensed</i>) | <input type="checkbox"/> School Age Child Care (<i>Registered</i>) | <input type="checkbox"/> Nursery School |
| <input type="checkbox"/> Family Child Care (<i>Registered</i>) | <input type="checkbox"/> Universal Pre-Kindergarten | <input type="checkbox"/> Head Start |
| <input type="checkbox"/> Group Family Child Care (<i>Licensed</i>) | <input type="checkbox"/> Pre-Kindergarten | <input type="checkbox"/> Early Head Start |

Facility #: _____ Expiration Date: _____ Registered/Licensed Capacity: _____ Total # of Vacancies: _____

GROUPS OF CHILDREN	FULL TIME COST	PART TIME COST	# OF CHILDREN ENROLLED	# OF VACANCIES
Infant				
Toddler				
Pre-school				
School-age				

RATES: Do you want the rates charged for child care services available to parents? _____ Yes _____ No (See cover letter for more information)

DAY CARE INSURANCE: Do you have day care insurance? _____ Yes _____ No

NOTE: From time to time our Agency receives a request for child care referrals for an **ERIE** County resident. The **ERIE** County Department of Social Services requires day care insurance in order to pay child care subsidy.

DAYS OF OPERATION: S M T W T F S **HOURS OF OPEARTION:** _____ to _____

AGES of CHILDREN (your facility is willing to serve): _____ to _____
 MAT Certified Expiration Date: _____
 Waiver for emergency meds only _____
 CPR Certified Expiration Date: _____
 First Aid Certified Expiration Date: _____

SPECIAL DIET: I provide (or willing to provide) the following types of special diets for children in my care:

- Vegetarian Gluten Free Kosher Lactose Free Diabetic Food Allergy

Certified Breastfeeding Friendly – check this box only if your facility is certified breastfeeding friendly. If you are interested in becoming certified, contact the CACFP office at 716-285-9681 ext. 111.

PROGRAM: Academic Developmental Montessori
 Pre-kindergarten Preschool Religious

CHECK ALL APPLICABLE BOXES: Groups of children you are willing to serve

- Full Time (6 hrs or more per day; 5 days per week)
 - Part Time (less than 6 hrs per day or less than 5 days per week)
 - Standard Day (6 or more hours)
 - Flexible (willing to extend hours occasionally)
 - Snow Days
 - Vacation/Holidays (provides child care during school breaks)
 - Drop-in/Hourly care (willing to provide care on occasional basis, short notice and less than a full day)
 - Temporary (willing to provide care on a short-term basis)
 - Emergency Care (provides care on short notice during family crisis, emergency, etc.)
 - Illness (provides care to a child with symptoms of minor illness which does not represent serious risk to other children and is able to participate in routine activities with minor accommodations.)
- Full Year
 - School Year
 - Summer only
 - Before School
 - After School
 - Rotating Shifts

CHECK ALL BOXES THAT APPLY:

MEALS SERVED:

- Breakfast
- A.M. Snack
- Lunch
- P.M. Snack
- Dinner
- CACFP (for more information contact 716-285-9681 ext. 111.)
- Parent provides meals

SPECIAL NEEDS:

- (children you are willing to serve)
- Developmentally Disabled
 - Educationally Disabled
 - Medical Care Needs
 - Wheel Chair Accessible
 - Inclusive Program
 - Other: _____

PARENT DISCOUNTS:

- Multi-child Discount
- Sliding Scale Fee (reduced fee based on predetermined income standard)
- Fee Negotiable (willing to negotiate fees with parents on an individual basis)
- Employer Discount: _____
(name of business/employer discount is offered to)
- Scholarship/Organization Assistance
- Other: _____

ENVIRONMENT:

- No Pets
- Smoke Free
- Computer (accessible to children)
- Outdoor Play Area
- Fenced Play Area
- Gym
- Pool
- Fenced Pool
- Fireplace
- Wood Stove

LANGUAGES:

- English
- Spanish
- Sign Language
- Other: _____

CHILD CARE SUBSIDY:

- Accepts Subsidized Families
- Does NOT Accept Subsidized Families

ACCREDITATION:

- NAEYC (National Association for the Education of Young Children)
- NAFCC (National Association of Family Child Care)
- NSACCA (National School Age Child Care Association)
- Not Accredited

KEY STAFF QUALIFICATIONS: (Please Note: This list has been revised. Please check ALL applicable boxes pertaining to you and your staff.)

Key Staff is defined as: Family Child Care Providers, Group Child Care Providers; Program or Center Directors; Lead Teacher(s)

- Meets State Training Requirements
- High School Education/Diploma
- Child Development Associate (CDA) Received: _____ Renewal Date: _____
- Family Child Care Child Development Associate (CDA) Received: _____ Renewal Date: _____
- New York State Children's Program Administrator Credential
- Master's Degree
- Bachelor's Degree – Early Childhood Education
- ECE/Child Related Degree
- Special Education Degree
- Associate Degree – Early Childhood Education
- Other Emphasis Degree : _____
- Health Related Degree
- RN/LPN
- New York State Certified N-6
- Infant Toddler Certificate Program of NY

TRAINING:

- Child Abuse
- Leadership Management
- Nutrition
- Discipline
- Business Management
- Advanced Trainings
- Child Development
- Health & Safety

EXPERIENCE:

- Under 1 Year
- 1-3 Years
- 4-9 Years
- 10-20 Years
- 21 Years plus
- Family & Group Child Care Experience
- Child Care Center Experience
- Family/Group Child Care & Child Care Center Experience

Comments/Additional Information (please feel free to use a separate sheet of paper for any comments):