

**STARTING POINT**  
**Child Care Resource and Referral**  
**School Age Program Update Form**

**Program Name:** \_\_\_\_\_

**Site Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **County:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **County:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Primary Phone:** ( ) \_\_\_\_\_ **ext.** \_\_\_\_\_ **Secondary Phone:** ( ) \_\_\_\_\_ **ext.** \_\_\_\_\_

**Fax #:** ( ) \_\_\_\_\_ **E-Mail Address:** \_\_\_\_\_

**Website:** \_\_\_\_\_

**Update Method:**     Phone     Fax     Postal Mail     E-Mail

**Accepted Age Range:**    **From:** [ ] Years    [ ] Months    [ ] Weeks

**To:** [ ] Years    [ ] Months    [ ] Weeks

| Days                               | Start Time | End Time | Accepts Children   |
|------------------------------------|------------|----------|--|
| <input type="checkbox"/> Monday    | [ ]        | [ ]      | <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Both<br><br><b>Year Schedule</b><br><input type="checkbox"/> Full Year <input type="checkbox"/> School Year <input type="checkbox"/> Summer Only<br><br><input type="checkbox"/> Drop In <input type="checkbox"/> Temp/Emergency Care<br><input type="checkbox"/> Before School <input type="checkbox"/> After School<br><input type="checkbox"/> Rotating Schedule <input type="checkbox"/> 24-Hour <input type="checkbox"/> Open Holidays |
| <input type="checkbox"/> Tuesday   | [ ]        | [ ]      |  |
| <input type="checkbox"/> Wednesday | [ ]        | [ ]      |  |
| <input type="checkbox"/> Thursday  | [ ]        | [ ]      |  |
| <input type="checkbox"/> Friday    | [ ]        | [ ]      |  |
| <input type="checkbox"/> Saturday  | [ ]        | [ ]      |  |
| <input type="checkbox"/> Sunday    | [ ]        | [ ]      |  |

**Scheduling Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

| Program Fee Schedule |                 |                 |             |       |
|----------------------|-----------------|-----------------|-------------|-------|
|                      | Weekly F/T Rate | Weekly P/T Rate | Hourly Rate | Other |
| <b>Full-Time</b>     |                 |                 |             |       |
| <b>Part-Time</b>     |                 |                 |             |       |

**Additional Fees:**       Registration/Application Fee       Deposit       Supply Fee       Meal/Snack Fee

**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Capacity/Vacancy:**

**Before/After School Care**

|   |                         |   |                         |                               |                              |
|---|-------------------------|---|-------------------------|-------------------------------|------------------------------|
| <b>AM Maximum<br/>Enrollment Capacity</b> | <b>AM<br/>Vacancies</b> | <b>PM Maximum<br/>Enrollment Capacity</b> | <b>PM<br/>Vacancies</b> | <b>Child/<br/>Adult Ratio</b> | <b># on Waiting<br/>List</b> |
| <input type="text"/>                      | <input type="text"/>    | <input type="text"/>                      | <input type="text"/>    | <input type="text"/>          | <input type="text"/>         |

**Vacation/Holiday Care**

|   |                               |                               |                              |
|---|-------------------------------|-------------------------------|------------------------------|
| <b>Full Day Maximum<br/>Enrollment Capacity</b> | <b>Full Day<br/>Vacancies</b> | <b>Child/<br/>Adult Ratio</b> | <b># on Waiting<br/>List</b> |
| <input type="text"/>                            | <input type="text"/>          | <input type="text"/>          | <input type="text"/>         |

**Summer Program**

|   |                               |                               |                              |
|---|-------------------------------|-------------------------------|------------------------------|
| <b>Full Day Maximum<br/>Enrollment Capacity</b> | <b>Full Day<br/>Vacancies</b> | <b>Child/<br/>Adult Ratio</b> | <b># on Waiting<br/>List</b> |
| <input type="text"/>                            | <input type="text"/>          | <input type="text"/>          | <input type="text"/>         |

**Languages:**       English       Spanish       Asian       American Sign Language  
 Hebrew       Russian       Arabic       Other

**Programs:**       Preschool       Head Start       Special Needs       Kindergarten       Sick Child Care  
 1/2 Day Kindergarten SACC       Summer SACC       School Year SACC

**Transportation:**       Transportation Provided       To/From Home       To/From School  
 Walking Distance to School       Near Public Transportation

**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Physical Location of Program:**       Non-residential Building       School Building       Faith-based Building  
 College/University       Workplace-based

**Enrollment Restrictions:**       Employees Only (if workplace-based)       Income Eligibility Requirement  
 Students Only (if school/college/university)

**Summer Camp Specialty:**       Sports (List in Comments)       Theatre/Drama       Computer       Space       Science  
 Music       Nature/Outdoors       Art       Cheerleading       Other (List in Comments)

**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Special Needs:** Number of children with special needs you are willing to serve?

Number of children with special needs currently being served?

*Please list the specific special needs of children. For each of the following, list how many children have a specific need. (I.e. Asthma 3, Autism 4, etc.)*

Asthma                       Autism                       Cerebral Palsy  
 Communications               Downs Syndrome               Emotional/Behavioral  
 Epilepsy/Seizures               Hearing/Speech               MR/DD  
 Physical Mobility               Spina Bifida               Vision Impaired  
 Other (List in comments, please be specific):

**Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Staff**                       Emotional/Behavioral                       Hearing/Speech                       Physical Mobility

**Special Needs**                       Medical Conditions                       MR/DD                       Visual

**Training/Experience:**                       Allergies/Asthma                       Other (List in comments, please be specific):

**Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Environment:**                       Field Trips                       Fenced Yard                       Pool/Waterfront                       Large Muscle Room

No Pets                       Outdoor Pets Only                       Smoke Free                       Wheelchair Accessible  
 Non-Smoking During Care Hours

**Meals:**                       Breakfast                       Morning Snack                       Lunch                       Afternoon Snack

Dinner                       USDA Food Program                       Special Diet                       Parent Provided

**Philosophy:**                       Developmentally Appropriate Practices                       Montessori                       Reggio Emilia

Intergenerational (children & adults)                       Mixed Age (children)  
 Faith-based Curriculum                       Parent Co-op

**Financial Assistance:**                       Public Funds through County DJFS                       Sliding Scale                       Scholarship

Multi-child Discount                       United Way                       Employer

**Accreditation:**                       College Degreed                       College Courses                       CDA                       Workshop/Training

Other

**Affiliation:**                       For Profit                       Non Profit                       College/University                       County Contract                       Employer

Public School                       School                       Parks/Rec                       FCC Association/Network                       Religious

**Census Bureau Demographics:**

**Number of persons on staff who are Spanish/Hispanic/Latino:**

Mexican, Mexican Am., Chicano       Puerto Rican       Cuban  
 Other Spanish/Hispanic/Latino (print group)

**Number of persons on staff who's race is:**

White       Black  
 American Indian or Alaska Native (print tribe)   
 Asian Indian       Native Hawaiian       Chinese  
 Filipino       Japanese       Vietnamese  
 Other Asian (print race)   
 Guamanian or Chamorro       Samoan  
 Other Pacific Islander (print race)   
 Other Race (print race)

**English Ability:** Number of persons on staff who speak a language other than English at home

What languages

How well do the persons speak English:

Very Well       Well       Not Well       Not At All

**Update Completed by:** \_\_\_\_\_

**Date Completed:** \_\_\_\_\_ **Best time to reach:** \_\_\_\_\_ **am/pm**

**Please Mail or Fax This Form To:**

**Starting Point**  
2000 East 9th Street, Suite 1500  
Cleveland, Ohio 44115  
Phone (216) 575-0061 Fax (216) 575-0102

**For Office Use Only**

**Staff Name:** \_\_\_\_\_ **Program ID No.** \_\_\_\_\_  
**Date Received:** \_\_\_\_\_ **Date Entered:** \_\_\_\_\_