

**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
<input type="checkbox"/> Tuesday	[]	[]	Year Schedule		
<input type="checkbox"/> Wednesday	[]	[]	<input type="checkbox"/> Full Year	<input type="checkbox"/> School Year	<input type="checkbox"/> Summer Only
<input type="checkbox"/> Thursday	[]	[]	<input type="checkbox"/> Drop In	<input type="checkbox"/> Temp/Emergency Care	
<input type="checkbox"/> Friday	[]	[]	<input type="checkbox"/> Before School	<input type="checkbox"/> After School	
<input type="checkbox"/> Saturday	[]	[]	<input type="checkbox"/> Rotating Schedule	<input type="checkbox"/> 24-Hour	<input type="checkbox"/> Open Holidays
<input type="checkbox"/> Sunday	[]	[]			

Scheduling Comments: _____

Program Fee Schedule				
	Weekly F/T Rate	Weekly P/T Rate	Hourly Rate	Other
Full-Time				
Part-Time				

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

Comments: _____

Capacity/Vacancy:

Before/After School Care

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

Vacation/Holiday Care

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

Summer Program

Full Day Maximum Enrollment Capacity	Full Day Vacancies	Child/ Adult Ratio	# on Waiting List
<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:** _____