



CHILD CARE PROGRAM BUSINESS INFORMATION FORM

Date Completed: ____ / ____ / ____

Completed By: _____

General Information

Name: _____ Title: _____

Business Name: _____

NCFR will release your program name and information to families seeking child care by mail and through online referrals unless you instruct us otherwise.

If you do not want your name to be released at this time, please circle: "No"

You may call at anytime to have your program included in the referral list.

Please complete this form for statistical purposes.

Location Address: _____

City: _____ State: _____ Zip: _____ County: _____

Phone # 1: _____ Ext. _____ Phone # 2: _____ Ext. _____

Fax: _____ E-Mail: _____

Website: _____

Mailing Address (if different from above): _____

City: _____ State: _____ Zip: _____

Ages of Children Served

Age of the youngest child you are willing to care for: _____ weeks _____ months _____ years

Age of the oldest child you are willing to care for: _____ weeks _____ months _____ years

Language Languages spoken by you or your staff (check as many as apply)

- English American Sign Language Hmong
 Spanish Arabic Other (please list) _____

Schedule Information

Days of Operation	Start Time	End Time	Fill in right hand side if you have two different start times (example, preschool morning session 9:00a – 11:00p and afternoon session 1:00p – 3:00p).	Start Time	End Time
<input type="checkbox"/> Monday					
<input type="checkbox"/> Tuesday					
<input type="checkbox"/> Wednesday					
<input type="checkbox"/> Thursday					
<input type="checkbox"/> Friday					
<input type="checkbox"/> Saturday					
<input type="checkbox"/> Sunday					

Types of schedules/programs available (check as many of the following as apply)

- Accepts Children: Full Time
 Part Time Care for Children Under 2 Years of Age
 Part Time Care for Children 2 Years of Age or Older
- Duration: Full Year School Year Summer

Extra Care Services:

- Drop In (4 hrs or less on limited time basis) Temporary/Emergency
 Before School After School
 Rotating (care changes week to week) 24 hours (must be regulated for full 24 hrs)
 Open holidays (such as Thanksgiving, Christmas, etc.)

Special Requests: Sick Care (children who are mildly ill or recuperating)

Indicate your rates:

Age Group (Age Range)	Hourly Part Time	Hourly Full Time	Daily Part Time	Daily Full Time	Weekly Part Time	Weekly Full Time	Monthly Part Time	Monthly Full Time		Other PT
0-12 months										
1 year										
2 year										
3 year										
4 year										
5 year										
6-8 years					After School	Summer Care				Weekly
										Before School
9 + years					After School	Summer Care				Weekly
										Before School

****School age rates for summer full week and vacation days put in Full-time rate and check week or full day.
 DO NOT put before and after school rates in full-time rate**

When serving children that receive Wisconsin Shares, do you just accept the maximum county reimbursement?
 Yes No

Additional Fees (check as many of the following as apply)

- Yearly Registration Fee One Time Enrollment Fee Security Deposit
 Supply Fee Activity/Field Trip Fee Transportation Fee
 Holding Fee Meal/Snack Fee Late Pick-up Fee
 Ask Provider

Financial Assistance In addition to enrolling children receiving the state's Child Care Subsidy, your program offers the following types of financial assistance for families. (Check as many as apply):

- No Financial Assistance Sliding fee scale
 Scholarships Family discount (discount for more than one child per family)

Special Needs Training or Experience

Caregiver(s) have had training or experience with the following (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Emotional/Behavioral Disability (i.e. ADD/ADHD, Autism) | <input type="checkbox"/> Allergies or Asthma |
| <input type="checkbox"/> Physical Disability (Cerebral Palsy, Spina Bifida, Seizures) | <input type="checkbox"/> Feeding Tube |
| <input type="checkbox"/> Cognitive Disability (Down Syndrome, Mental Delay) | <input type="checkbox"/> Administer Shots |
| <input type="checkbox"/> Sensory Disability (Hearing/Visual Impairment, Communication Disorder) | <input type="checkbox"/> Food Allergies |
| | <input type="checkbox"/> No training in any of these areas |

****All providers have an obligation to reasonably accommodate children with disabilities in their programs.***

Census Bureau (Optional, for statistical purposes only)

Number of persons on staff whose race is:

(Include yourself in the count)

- | | |
|---|---|
| <input type="checkbox"/> White | <input type="checkbox"/> Hmong |
| <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Asian (besides Hmong) |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Two or More Races |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Other race (indicate race) _____ |
| <input type="checkbox"/> Native Hawaiian and Other Pacific Islander | |

Wage & Benefits for Group Center Staff

****Directors**

Lowest Hourly Rate of Pay:

Highest Hourly Rate of Pay:

Benefits (Check all benefits currently offered to Directors)

- | | |
|---|--|
| <input type="checkbox"/> Health Insurance | <input type="checkbox"/> Dental Insurance |
| <input type="checkbox"/> Paid Family Leave | <input type="checkbox"/> Paid Holidays |
| <input type="checkbox"/> Paid Vacation Days | <input type="checkbox"/> Paid Sick Days |
| <input type="checkbox"/> Paid Preparation/Planning Time | <input type="checkbox"/> Paid Staff Meetings/In-services |
| <input type="checkbox"/> Continuing Education Reimbursement | <input type="checkbox"/> Reduced Child Care Rates |

****Assistant Directors**

Lowest Hourly Rate of Pay:

Highest Hourly Rate of Pay:

Benefits (Check all benefits currently offered to Assistant Directors)

- | | |
|---|--|
| <input type="checkbox"/> Health Insurance | <input type="checkbox"/> Dental Insurance |
| <input type="checkbox"/> Paid Family Leave | <input type="checkbox"/> Paid Holidays |
| <input type="checkbox"/> Paid Vacation Days | <input type="checkbox"/> Paid Sick Days |
| <input type="checkbox"/> Paid Preparation/Planning Time | <input type="checkbox"/> Paid Staff Meetings/In-services |
| <input type="checkbox"/> Continuing Education Reimbursement | <input type="checkbox"/> Reduced Child Care Rates |

****Teachers**

Lowest Hourly Rate of Pay:

Highest Hourly Rate of Pay:

Benefits (Check all benefits currently offered to Teachers)

- | | |
|---|--|
| <input type="checkbox"/> Health Insurance | <input type="checkbox"/> Dental Insurance |
| <input type="checkbox"/> Paid Family Leave | <input type="checkbox"/> Paid Holidays |
| <input type="checkbox"/> Paid Vacation Days | <input type="checkbox"/> Paid Sick Days |
| <input type="checkbox"/> Paid Preparation/Planning Time | <input type="checkbox"/> Paid Staff Meetings/In-services |
| <input type="checkbox"/> Continuing Education Reimbursement | <input type="checkbox"/> Reduced Child Care Rates |

****Assistant Teachers**

Lowest Hourly Rate of Pay:

Highest Hourly Rate of Pay:

Benefits (Check all benefits currently offered to Assistant Teachers)

- | | |
|---|--|
| <input type="checkbox"/> Health Insurance | <input type="checkbox"/> Dental Insurance |
| <input type="checkbox"/> Paid Family Leave | <input type="checkbox"/> Paid Holidays |
| <input type="checkbox"/> Paid Vacation Days | <input type="checkbox"/> Paid Sick Days |
| <input type="checkbox"/> Paid Preparation/Planning Time | <input type="checkbox"/> Paid Staff Meetings/In-services |
| <input type="checkbox"/> Continuing Education Reimbursement | <input type="checkbox"/> Reduced Child Care Rates |

YOUR PRIVACY RIGHTS

Our mission is to provide parents with objective information about child care programs in their community and information on selecting quality child care. NCFR does not endorse or recommend any particular child care program. Parents are strongly encouraged to visit each site and ask questions about policies and procedures of the program before making a final decision. We will not guarantee that you will receive prospective parents from NCFR. We encourage you to continue to advertise through local newspapers, church and other organizations. We ask that you notify NCFR of any vacancies or changes in your program (hours of operation, phone number, address, etc.)

The purpose of collecting the information in this form is to:

1. Effectively provide referrals to parents who are looking for child care and provide appropriate program information.
2. Report and gather statistics on child care needs.
3. Provide training and technical assistance to meet your needs as a child care provider.

You are not required to provide this information, but without it, we will not be able to help parents locate your program. In addition, the information is used for statistical reporting that influences planning, policy development, and funding levels. Statistical information never includes provider names, and may be shared with community groups, etc. At times, we receive requests for a mailing list of providers from outside sources that have a legitimate provider interest, such as a public health alert, etc. This information (name, address) is public information. Other information about your program is not provided to outside vendors.

This notice covers all changes you make in your file (by phone, in person, or written) until your file is deleted from the database. I authorize the information in this form to be used as outlined above.

Signature: _____

Date: _____

Child Care Connection would like to thank you for your time and cooperation.



PLEASE RETURN THIS FORM TO:

**Northwest Connection Family Resources
15896 W 3rd Street
Hayward, WI 54843**

(715) 634-2299 OR 1-800-733-KIDS ● **Fax:** (715) 634-8743

Email: nwchild@cheqnet.net ● **Website:** www.wisconsinchild.org

Serving: Ashland, Barron, Bayfield, Burnett, Douglas, Florence, Forest, Iron, Oneida, Price, Rusk, Sawyer, Vilas and Washburn Counties. Bad River, Forest County Potawatomi, Lac Courte Oreilles, Lac du Flambeau, Red Cliff, Sokaogon and St. Croix Tribes.