

# FAMILY CHILD CARE PROVIDER STATEMENT OF SERVICES

Name (*Last, First, M.I.*): \_\_\_\_\_ Date: \_\_\_\_\_

## BUSINESS INFORMATION

### Days and Hours of Operation (*Check all that apply*)

Monday      Tuesday      Wednesday      Thursday      Friday      Saturday      Sunday

Opening Time: \_\_\_\_\_ Closing Time: \_\_\_\_\_

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

Drop In Service:    Yes      No    (*Please Check Daily Rates and Fees*)

Age Groups Accepted:    Birth to 12 Months      1 Year to 2 Years      3 Years to 5 Years      6 Years to 12 Years

Other: \_\_\_\_\_

### Daily Rates and Other Fees

Birth to 12 Months:    Full Day Charge: \_\_\_\_\_    Part Day Charge: \_\_\_\_\_

1 Year to 2 Years:    Full Day Charge: \_\_\_\_\_    Part Day Charge: \_\_\_\_\_

3 Years to 5 Years:    Full Day Charge: \_\_\_\_\_    Part Day Charge: \_\_\_\_\_

6 Years to 12 Years:    Full Day Charge: \_\_\_\_\_    Part Day Charge: \_\_\_\_\_

My **FULL DAY** charge is considered a(n) \_\_\_\_\_ hour day. My **PART DAY** charge is considered a(n) \_\_\_\_\_ hour day.

Other charges: \_\_\_\_\_

Absence policy and charges (*if applicable*): \_\_\_\_\_

Transportation Provided:    Yes      No    Schools in Area: \_\_\_\_\_

Meals Provided:    Yes      No    Food Program Sponsor Name: \_\_\_\_\_

### Dates Child Care Home is Closed During the Year

Thanksgiving      Christmas      New Year's Day      Other: \_\_\_\_\_

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

Daily activities/planned schedule for the children:

Materials and equipment for children:

Name (Last, First, M.I.): \_\_\_\_\_ Date: \_\_\_\_\_

**EDUCATION AND SPECIAL SKILLS**

**Highest Grade Level Completed**

Grade School (Grade Completed) \_\_\_\_\_ High School (Grade Completed) \_\_\_\_\_

College (Years Completed/Degree Obtained) \_\_\_\_\_ CDA NAFCC

My experience in providing child care:

My special skills, knowledge or training that I feel enhances my ability to care for children, including children with special needs:

Behavior/Discipline methods used:

My hobbies and special interests:

Description of indoor and outdoor areas where child care will be conducted (*fenced backyard, trees, clean, etc.*):

***I will make reasonable accommodations for children with special needs.***

Provider's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

If parent/guardian signs above, a copy must be provided to them.