

Mail or FAX to:
Family Connections
of Lane and Douglas Co.
4000 E 30th Avenue
Eugene, OR 97405



Family Connections of Lane and Douglas Co.
CHILD CARE PROVIDER INTAKE FORM
(541) 463-3954 (800) 222-3290 FAX (541) 463-4724

For Office Use Only

Provider Record

Date Added

Staff Initials

This form can be filled in right into the document. You can save and e-mail as an attachment to familyconnections@lanecc.edu or print and mail or fax. See address and fax number above.

First Name: <input type="text"/>	Last Name: <input type="text"/>
Business Name: <input type="text"/>	Date first began care (approximate is ok): <input type="text"/>
Street Address: <input type="text"/>	City <input type="text"/> State <input type="text"/> Zip <input type="text"/>
Mailing Address (if different) <input type="text"/>	City <input type="text"/> State <input type="text"/> Zip <input type="text"/>
Primary Phone: <input type="text"/>	Fax Phone: <input type="text"/> Cell Phone: <input type="text"/>

Confidential Information : Last 5 digits of SS# Date of Birth:

Website address: **Email:**

License Info ☐ Registered or Certified ☐ Exempt (not licensed with the Child Care Division) License # Expiration Date:

Accepts Children FROM AGE weeks mo. yrs TO AGE weeks mo. yrs

Desired Capacity:

Current Openings:

For licensed family child care – Do not count your own children

What **Elementary** school **does / would** your children attend?

Ethnicity Mark the **ONE** you most relate to: ☐ Caucasian (White) ☐ Hispanic/Latino(Chicano) ☐ Native American/Alaskan ☐ Asian-Indian ☐ Black (African American) ☐ Hawaiian-Pacific Islander

If transportation is provided what schools will you transport to/from?

<input type="checkbox"/> Near School Bus	<input type="checkbox"/> Walking Distance to School	<input type="checkbox"/> Near Public Transportation
<input type="checkbox"/> Transports to/from Designated Area School	<input type="checkbox"/> Transports to/from Preschool	<input type="checkbox"/> Transports to/from Kindergarten
<input type="checkbox"/> Transports to/from Sports/Activities	<input type="checkbox"/> Transports to/from Multiple Schools	<input type="checkbox"/> Transports to/from Child's Home

Primary Language: **Other Languages spoken**

Extended Hours Offered (mark all that you are willing to consider or accept)

<input type="checkbox"/> Early morning (starting between 3 am and 5:59 am)	<input type="checkbox"/> Evening (after 6:30 pm)	<input type="checkbox"/> Overnight (at least between 10 pm and 3 am)
<input type="checkbox"/> Weekend (regular care on Saturday and/or Sunday)	<input type="checkbox"/> Occasional early morning	<input type="checkbox"/> Occasional evening
<input type="checkbox"/> Occasional overnight	<input type="checkbox"/> Occasional weekend	<input type="checkbox"/> Flexible am
<input type="checkbox"/> Flexible pm	Please list any scheduling conditions not listed above.	

DAYS

Mon	Tue	Wed	Thur	Fri	Sat	Sun	HOURS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FROM <input type="text"/> TO <input type="text"/>

☐ Drop In ☐ Temp/Emergency ☐ Before School ☐ After School ☐ Rotating ☐ 24-Hour ☐ Open Holidays

RATES	FULL TIME (30 or more hours)	PART TIME (less than 30 hours)
Under 1 yr	<input type="text"/> Hour <input type="text"/> Week <input type="text"/> Month	<input type="text"/> Hour <input type="text"/> Week <input type="text"/> Month
1 to 2 yr	<input type="text"/> Hour <input type="text"/> Week <input type="text"/> Month	<input type="text"/> Hour <input type="text"/> Week <input type="text"/> Month
2yrs to Kindergarten	<input type="text"/> Hour <input type="text"/> Week <input type="text"/> Month	<input type="text"/> Hour <input type="text"/> Week <input type="text"/> Month
School Age Before/After School Care	<input type="text"/> Hour <input type="text"/> Week <input type="text"/> Month	<input type="text"/> Hour <input type="text"/> Week <input type="text"/> Month
<input type="checkbox"/> Registration fee	<input type="checkbox"/> Deposit	<input type="checkbox"/> Materials/book fee
<input type="checkbox"/> Charge for transportation	<input type="checkbox"/> Extra Charge for meals	<input type="checkbox"/> Activity fee
<input type="checkbox"/> Other fees (specify what type and amount)		

(Mark all that apply) ☐ Full time ☐ Part Time ☐ Both ☐ School Year only ☐ Summer only ☐ Both ☐ Any

ACCEPTS CHILDREN

ENVIRONMENT		
<input type="checkbox"/> No smoking on premises	<input type="checkbox"/> No pets at all	<input type="checkbox"/> No cats
<input type="checkbox"/> No dogs	<input type="checkbox"/> Pets separate from children	<input type="checkbox"/> Completely Fenced Yard
<input type="checkbox"/> No TV	<input type="checkbox"/> Monitored TV	<input type="checkbox"/> Outdoor play area
<input type="checkbox"/> Covered outdoor play	<input type="checkbox"/> Outdoor play structure	

MEALS		
<input type="checkbox"/> USDA Food Program	<input type="checkbox"/> Provides breakfast	<input type="checkbox"/> Provides lunch
<input type="checkbox"/> Provides dinner	<input type="checkbox"/> Snacks provided	<input type="checkbox"/> Parent must bring meals
<input type="checkbox"/> Special meal requests accommodated	<input type="checkbox"/> Breastfeeding supported	

PHILOSOPHY	<input type="checkbox"/> Montessori	<input type="checkbox"/> Waldorf	<input type="checkbox"/> Religious curriculum	<input type="checkbox"/> Reggio Emilia
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FINANCIAL ASSISTANCE * Please indicate one of these (not willing will be marked if Willing is not)		
<input type="checkbox"/> * Willing to accept DHS	<input type="checkbox"/> * NOT Willing to accept DHS	<input type="checkbox"/> DHS listed
<input type="checkbox"/> Qualified for DHS enhanced rate	<input type="checkbox"/> Multi-child discount	<input type="checkbox"/> Offers sliding fee scale
<input type="checkbox"/> Rates negotiable	<input type="checkbox"/> Offers scholarship	<input type="checkbox"/> Free to income eligible
<input type="checkbox"/> Parent co-op	<input type="checkbox"/> No rates - not market care	

POLICIES		
<input type="checkbox"/> Written contract	<input type="checkbox"/> Written policies	<input type="checkbox"/> Liability insurance
<input type="checkbox"/> Have backup provider (substitute)	<input type="checkbox"/> Have references	<input type="checkbox"/> Pay for slot whether in care or not
<input type="checkbox"/> Charges late fees	<input type="checkbox"/> Must be potty trained	<input type="checkbox"/> Needs payment in advance

SPECIAL SKILLS		
<input type="checkbox"/> Inclusion training	<input type="checkbox"/> Domestic Violence/Abuse training	<input type="checkbox"/> Behavioral issues training
<input type="checkbox"/> Medical Support training	<input type="checkbox"/> Diversity training	

SAFETY		
<input type="checkbox"/> Infant and Child First Aid	<input type="checkbox"/> Infant and child CPR	<input type="checkbox"/> Oregon Food Handlers Permit
<input type="checkbox"/> Recognizing/Reporting Abuse/Neglect	<input type="checkbox"/> Family Child Care Overview	<input type="checkbox"/> DHS orientation
<input type="checkbox"/> Working with DHS Families	<input type="checkbox"/> Child Care Health and Safety (any module)	

SPECIAL NEEDS (Knowledge and or experience working with these types of needs)		
<input type="checkbox"/> Challenging behavior supervision/supports	<input type="checkbox"/> Communications supports	<input type="checkbox"/> Socialization supports
<input type="checkbox"/> Diapering/toileting assistance (past typical toilet training age)	<input type="checkbox"/> Mobility assistance	<input type="checkbox"/> Medication monitoring
<input type="checkbox"/> Nursing care (Not breastfeeding)	<input type="checkbox"/> Physical therapy	<input type="checkbox"/> Specialized equipment
<input type="checkbox"/> Wheelchair access	<input type="checkbox"/> Wheelchair accessible bathroom	<input type="checkbox"/> No experience/willing to learn

<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Asthma	<input type="checkbox"/> Autism
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Hearing Impaired	<input type="checkbox"/> Vision Impaired

TRAINING		
<input type="checkbox"/> Dollars and Sense	<input type="checkbox"/> Building Blocks – Social/Emotional (any module)	<input type="checkbox"/> First by Five (any module)
<input type="checkbox"/> First Connections (any module)	<input type="checkbox"/> Starting Points	<input type="checkbox"/> TRAC

EXPERIENCE		
<input type="checkbox"/> Trained as child care provider mentor	<input type="checkbox"/> Center care experience	<input type="checkbox"/> Previous family child care experience
<input type="checkbox"/> K-elementary classroom teacher	<input type="checkbox"/> Experience with medical assistance	

EDUCATION		
<input type="checkbox"/> High school diploma/GED	<input type="checkbox"/> Some college, child related	<input type="checkbox"/> Some college, other emphasis
<input type="checkbox"/> Associate degree, child related	<input type="checkbox"/> Associate degree, other emphasis	<input type="checkbox"/> Bachelor's, child related
<input type="checkbox"/> Bachelor's, other emphasis	<input type="checkbox"/> MA/MS or PhD	<input type="checkbox"/> CN/CMA,LPN, or RN

ACCREDITATION				<input type="checkbox"/> NAFCC	<input type="checkbox"/> NAEYC/NAECP	<input type="checkbox"/> NAA	<input type="checkbox"/> CDA
AFFILIATION (Contact Family Connections for additional information)							
<input type="checkbox"/> PRO	<input type="checkbox"/> Other provider support organization			<input type="checkbox"/> Provider network			
<input type="checkbox"/> OACCD	<input type="checkbox"/> OAEYC			<input type="checkbox"/> OSAC			
<input type="checkbox"/> NAFCC	<input type="checkbox"/> OFCCN			<input type="checkbox"/> Stand for Children			
Oregon Registry							
<input type="checkbox"/> Step 1	<input type="checkbox"/> Step 2	<input type="checkbox"/> Step 3					
<input type="checkbox"/> Step 4	<input type="checkbox"/> Step 5	<input type="checkbox"/> Step 6					
<input type="checkbox"/> Step 5	<input type="checkbox"/> Step 8 or 8.5	<input type="checkbox"/> Step 9 or 9.5	<input type="checkbox"/> Step 10 or above				
PROGRAM STRUCTURE							
<input type="checkbox"/> Homework assistance		<input type="checkbox"/> Scheduled activities		<input type="checkbox"/> Field trips			
<input type="checkbox"/> Additional lessons		<input type="checkbox"/> Computer		<input type="checkbox"/> Organized outdoor activities			
SPECIAL REQUESTS							
<input type="checkbox"/> Provides transportation to kindergarten		<input type="checkbox"/> Has a designated child care area		<input type="checkbox"/> Culturally sensitive curriculum			
<input type="checkbox"/> Language immersion program		<input type="checkbox"/> Regular routines		<input type="checkbox"/> Vegetarian			
<input type="checkbox"/> Whole foods (organic)		<input type="checkbox"/> No sugar					
PROVIDER PREFERENCES <input type="checkbox"/> Receive newsletter by email <input type="checkbox"/> Receive mailings in Spanish							
<p style="color: blue;">I understand that Family Connections only makes referrals, not recommendations to families. I agree to assist Family Connections in maintaining up to date information on child care availability by reporting changes in my Family Child Care home when they occur. I give Family Connections permission to release the information on this form to parents seeking child care services. In addition, Family Connections occasionally releases the names and addresses of listed providers to carefully screened child care related agencies and organizations. Unless otherwise indicated, I give Family Connections permission to release my name and address to such agencies and organizations.</p>							
Signature: _____				Date: _____			