

# Provider Intake Form

Resource & Referral Agency: Placer County Office of Education Phone: 530.745.1380

The Placer County Office of Education wants to help market your business. We do this by providing free child care referral services that respond to parental needs for childcare. Please help us continue to refer your program by keeping your information current. Our agency is required to update your information at least every three months. The referral information given includes the providers first name (for FCCH) and/or center name (for licensed centers) cross street, facility phone number, hours and days of care, city, website, license number, capacity and provider type. Please Note: Specific address and rate information is not given. Please complete and return this form via:

- Email: [jgunton-bell@placercoe.org](mailto:jgunton-bell@placercoe.org)
- Fax: 888.293.1613
- Mail: PCOE ECE 1400 W Stanford Ranch Rd, Rocklin, CA 95765

If you have any questions, please contact Darcy Roenspie at: 916.740.1641

## PROVIDER INFORMATION

*Provider Name:		*Facility Number:		*Facility Capacity:	
Alternate Name:		Alternate Phone:			
Contact:		Fax Number:			
*Facility Phone:		Email:			
Facility Address:					
Mailing Address:					

**\*City or Zip Code may be used in a referral search – Specific Address is not given out in a referral**

Please check any that apply:

Toddler Option (centers only)     School Age Option     Not Accepting Referrals: Reason: \_\_\_\_\_

*Ages to Serve:		Current Openings:	
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Location:

*Cross Streets:	
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Schools: Please list any schools you would be willing to pick up from or receive children from	
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Transportation (please check all that apply):  Assistant' Drive     Bus     Provider Drives     Provider Walks     Other  
Other:

\*Schedule

Start/Stop time:	
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Days:  Sun     Mon     Tue     Wed     Thu     Fri     Sat     24 Hours     Flexible     Non-Traditional Hours

Day Schedule:  Full Time     Before School     Days     Overnight    Year Schedule:  School Year     Summer  
 Part Time     After School     Evenings     Drop In    Check all that apply     Full Year     Other  
 Rotate/Variable

Year Schedule: Check all that apply  School Year     Summer     Full Year     Other

1. RATES \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2.  Charge Registration Fee? Registration Fee Amount: \_\_\_\_\_ Charges:  Once  Yearly

Qualifications

Languages Spoken:	
Accreditations:	
ECE Education Completed:	
Affiliation(s):	

Do you have any education, training or experience to work with children with special needs?  Yes  No

Please describe:

About Your Program:

- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> Academic        | <input type="checkbox"/> High Scope   | <input type="checkbox"/> Special Needs |
| <input type="checkbox"/> Christian       | <input type="checkbox"/> Mommy and Me | <input type="checkbox"/> Summer Camp   |
| <input type="checkbox"/> Co-op           | <input type="checkbox"/> Montessori   | <input type="checkbox"/> Waldorf       |
| <input type="checkbox"/> Community Based | <input type="checkbox"/> Non-Profit   |  |
| <input type="checkbox"/> Developmental   | <input type="checkbox"/> Preschool    |  |
| <input type="checkbox"/> Employer        | <input type="checkbox"/> Sick Care    |  |

Additional Information:

- |   |  |
|---|--|
| <input type="checkbox"/> Accept Subsidized Children | <input type="checkbox"/> Pool/Spa              |
| <input type="checkbox"/> Apartment                  | <input type="checkbox"/> Provide Formula       |
| <input type="checkbox"/> Bilingual Staff            | <input type="checkbox"/> Provide Diapers       |
| <input type="checkbox"/> House                      | <input type="checkbox"/> Toilet Learning       |
| <input type="checkbox"/> Pets                       | <input type="checkbox"/> Wheelchair Accessible |

Meals Are Provided by:

- |            |                                   |                                 |
|------------|-----------------------------------|---------------------------------|
| Breakfast  | <input type="checkbox"/> Provider | <input type="checkbox"/> Parent |
| AM Snack   | <input type="checkbox"/> Provider | <input type="checkbox"/> Parent |
| Lunch      | <input type="checkbox"/> Provider | <input type="checkbox"/> Parent |
| PM Snack   | <input type="checkbox"/> Provider | <input type="checkbox"/> Parent |
| Dinner     | <input type="checkbox"/> Provider | <input type="checkbox"/> Parent |
| Late Snack | <input type="checkbox"/> Provider | <input type="checkbox"/> Parent |

Provide Care for Sick Children?  Yes  No

Registered with a Child Care Food Program?  Yes  No

**PLEASE NOTE:**

*Only the information marked with an \* is given in a referral*