

Contact Information:

If you are no longer providing care, please check the box and fill out the contact information.

Business Name		DBA (if not license name)	
First Name	Last Name	Co-Provider First Name	Co-Provider Last Name
Street Address		City	Zip County
Primary Telephone		Cell Phone for Text	
Secondary Telephone			
Primary Email		Website	Email for Public
*Mailing Address		City	Zip

Check if you receive mail at a *different address

Certificate/Degree/Education

- | | |
|---|--|
| <input type="checkbox"/> Less than High School Diploma/GED | <input type="checkbox"/> High School Diploma/GED |
| <input type="checkbox"/> CDA-Child Development Associate Credential | <input type="checkbox"/> 1 Year Vocational Degree, Child Related |
| <input type="checkbox"/> 1 Year Vocational Degree, Other | <input type="checkbox"/> 2 Year Associate Degree, Child Related |
| <input type="checkbox"/> 2 Year Associate Degree, Other | <input type="checkbox"/> Bachelor Degree, Child Related |
| <input type="checkbox"/> Bachelor's Degree, Other | <input type="checkbox"/> Master Degree or Higher |

Care Settings:

- House
 Townhouse/Duplex
 Apartment/Condo
 Mobile Home

Share About My Program:

What would you like others to know about your business:

Languages:

- | | | | | | |
|----------------------------------|---|---------------------------------|-----------------------------------|------------------------------------|-------------------------------------|
| <input type="checkbox"/> English | <input type="checkbox"/> American Sign Language | <input type="checkbox"/> Arabic | <input type="checkbox"/> Bosnian | <input type="checkbox"/> Cambodian | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> French | <input type="checkbox"/> Hebrew | <input type="checkbox"/> Hmong | <input type="checkbox"/> Japanese | <input type="checkbox"/> Latin | <input type="checkbox"/> Myanmar |
| <input type="checkbox"/> Nuer | <input type="checkbox"/> Russian | <input type="checkbox"/> Somali | <input type="checkbox"/> Spanish | <input type="checkbox"/> Swahili | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Other | | | | | |

Environment:

- | | | |
|--|---|--|
| <input type="checkbox"/> No Pets | <input type="checkbox"/> Cat(s) inside | <input type="checkbox"/> Dog(s) inside |
| <input type="checkbox"/> Other Pet(s) Inside | <input type="checkbox"/> Outdoor Pet(s) | <input type="checkbox"/> Wheelchair Accessible |

Other Information:

- Advanced Phone Calls
 School Age Only Program

Meals:

- Participates in CACFP

Transportation:

- Transportation Provided
- Near Public Transportation
- Provider Does Not Transport
- Walking Distance to School
- On School Bus Route

If on a school bus route or walking distance to school, please specify which school(s):

Our Schedule:

Note: For 24-hour care, enter Open 12 ^{a.m.}, and Close 11:45 ^{p.m.}

Day	Open	Close
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Schedule:

- Full time
- Drop-in
- Before School
- Flexible Opening Hours
- Daytime (5 am to 6 pm)
- Overnight (Midnight to 5 am)
- 24-Hour
- Open Holidays
- Days when school is not in session
- Part time
- Temp/Emergency
- After School
- Flexible Closing Hours
- Evening (6 pm to Midnight)
- Weekend (Sat and/or Sun)
- Rotating
- Sick Care

Year Schedule:

- Full Year
- School Year Only
- Summer Only

Rates:

Age Group	Hourly PT	Hourly FT	Daily PT	Daily FT	Weekly PT	Weekly FT	Monthly PT	Monthly FT
Infants (birth-12 months)								
Infants (13-23 months)								
Toddler (2-year-old)								
Preschool (3-year-old)								
Preschool (4-5 years)								
School-Age (before/after school)								
School-Age (full time)								

Comments/Additional/Information About Rates:

More Details:

Age Group	Desired Capacity	FT Openings	PT Openings
Infants (birth-12 months)			
Infants (13-23 months)			
Toddler (2-year-old)			
Preschool (3-year-old)			
Preschool (4-5 years)			
School-Age (before/after school)			
School-Age (full time)			

Care for Ages:

From: Years Months To: Years Months

Desired Capacity: Total openings: Openings as of:

Registration Fee: Deposit Fee:

Additional Fee Information:

- Registration Fee-**Yes**
 Multi-Child Discount-**Yes**
 Deposit-**Yes**
 No Fee Charged (No Tuition)
- Registration Fee-**No**
 Multi-Child Discount-**No**
 Deposit-**No**

If multi-child discount or other fees, please list:

Financial Assistance & Funding Sources:

- Accepts Iowa Child Care Assistance

General Support:

- Special Needs Training or Experience
 No Special Needs Training or Experience

Behavior Related:

- Autism Spectrum
 Behavioral
 Mental Health Concerns

Medical/Genetic:

- Seizure History
 Respiratory Conditions
 Hearing Limits
- Vision Limits
 Nutrition/Diet Adaptations
 Diabetes
- Environmental/Food/Medication Allergies
 Other

Developmental Delays:

- Ambulatory Limits
 Communication Limits
 Large/Small Motor Limits
- Learning Limits
 Toileting/Dressing Concerns

Other Information:

If you aren't already, would you be interested in receiving information on becoming registered and/or accepting Iowa Child Care Assistance?

- Yes
 No

Please list any additional information you would like to share with us:

Other: