

### 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:**

|  |  |   |
|--|--|---|
| <input type="checkbox"/> Transportation Provided | <input type="checkbox"/> Walking Distance to School  | <input type="checkbox"/> Near Public Transportation |
| <input type="checkbox"/> On School Bus Route     | <input type="checkbox"/> Provider Does Not Transport |   |

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 <sup>a.m.</sup>, and Close 11:45 <sup>p.m.</sup>

| Day       | Open | Close |
|-----------|------|-------|
| Monday    |      |       |
| Tuesday   |      |       |
| Wednesday |      |       |
| Thursday  |      |       |
| Friday    |      |       |
| Saturday  |      |       |
| Sunday    |      |       |

**Schedule:**

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

**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<br>(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

**Referrals:**

Would you like to receive referrals for your program?

- Yes     
  No

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

Other: