

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	
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

Total Center Staff:

Total Center Staff Vacancies:

Accreditation:

- | | |
|---|---|
| <input type="checkbox"/> National Association for the Education of Young Children (NAEYC) | <input type="checkbox"/> National Early Childhood Program Accreditation (NECPA) |
| <input type="checkbox"/> American Montessori Society Accreditation | <input type="checkbox"/> Council on Accreditation |
| <input type="checkbox"/> Iowa Quality Preschool Program Standards (IQPPS) | <input type="checkbox"/> National Accreditation Commission (NAC) |

Care Settings:

- | | |
|---|--|
| <input type="checkbox"/> Multiple Site Center | <input type="checkbox"/> Faith-based |
| <input type="checkbox"/> Non-Residential | <input type="checkbox"/> Public School Setting |
| <input type="checkbox"/> College Setting | <input type="checkbox"/> Workplace-based |

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:

- | | | |
|---|--|--|
| <input type="checkbox"/> Advanced Phone Calls | <input type="checkbox"/> Preschool Programming | <input type="checkbox"/> School Age Only Program |
|---|--|--|

Meals:

- Participates in CACFP

Transportation:

- Transportation Provided Walking Distance to School Near Public Transportation
 On School Bus Route 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 a.m., and Close 11:45 p.m.

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 (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 (CCA)
 Head Start
 Early Head Start
 Shared Visions
- Statewide Voluntary Preschool(State Pre-K)

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: