



# Provider Information Form

Rev. 08/22/2023

Date: \_\_\_\_\_

TYPE OF CARE (check one):

- Child Care Center (*Licensed*)
- Family Child Care (*Registered*)
- Preschool
- Group Family Child Care (*Licensed*)
- School Age Child Care - SACC (*Registered*)
- Camp

Provider's/Director's Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

City & Zip Code: \_\_\_\_\_

Your day care is served by the following schools: \_\_\_\_\_

Phone #: (\_\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Website: \_\_\_\_\_ Social Media: \_\_\_\_\_

### LICENSING INFORMATION:

License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
(Child Care Centers & Group Providers)

Registration #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
(Family Providers & SACC Programs)

Other than English, do you or your staff speak any other language(s):  Yes  No

If yes, which languages are spoken: \_\_\_\_\_

TOTAL # OF VACANCIES: \_\_\_\_\_ NOTE: 1) please answer even if it is an approximate number of vacancies.  
2) if you indicate zero openings, be sure let us know when it changes.

AGES SERVED:  Infant: 6 weeks–18 months  Toddler: 18 months-35 months  
 Preschool: 3 years–4 years  School Age: 5 years +

ACCEPTS CHILDREN:  Full Time  Part Time  Both  
DURATION:  Full Year  School Year Only  Summer Only

### SCHEDULE check all applicable boxes: Groups of children your day care is **WILLING** to serve

- Before School  After School  Evening  Overnight  Mildly Ill/Sick
- Snow Days  Extended Hours  Flexible Hours  Weekend  Respite Care
- 24-Hour  Early Day/Morning (prior to 6:00 AM)  Late Day/Afternoon (after 6:00 PM)
- Drop-in/Hourly care (provide care on occasional basis, short notice and less than a full day)
- Rotating Shifts (provide care for a schedule changing from week to week)
- Open Holidays (provide child care during school breaks and/or holidays)

**DAYS OF CARE:**  Monday  Tuesday  Wednesday  Thursday  Friday  
 Saturday  Sunday

**HOURS OF CARE:** \_\_\_\_\_ TO \_\_\_\_\_  
 (Opening time) (Closing time)

**TRANSPORTATION:**  Transportation Provided  Walking Distance to School  
 Near Public Transportation  Transportation Provided by School District

**Name of school(s) offering transportation to your day care?** \_\_\_\_\_  
 \_\_\_\_\_

**Name of school(s) your day care provides transportation to:** \_\_\_\_\_  
 \_\_\_\_\_

**RATES, FEES, & SUBSIDIES:**

AGE GROUP	INFANT 6 WEEKS – 23 MONTHS	24 MONTHS – 35 MONTHS	PRESCHOOL 3 YEARS – 4 YEARS	SCHOOL AGE 5 YEARS +
<b>PART-TIME</b>				
Hourly				
Daily				
Weekly				
<b>FULL-TIME</b>				
Hourly				
Daily				
Weekly				

**Do you want the rates charged for child care services made available to parents?**  Yes  No

**FINANCIAL ASSISTANCE:**  Sliding Fee Scale  Multi-Child Discount  Scholarship  
 Subsidy Voucher  Employer Discount  Fees Negotiable  County Contract  
 (↑Niagara Co. Child Care Subsidy)  
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**SPECIAL FEES:**  Late Pick-up Fee  Registration Fee  Application Fee

**Special Needs Experience:**  Yes  No  
 Developmental Disability  Speech or Language Impairment  Autism Spectrum Disorder  ADHD  
 Medical Care Needs  On-Site Nurse  Educational Disability  Asthma  
 Moderate Ill Health  Other (please specify): \_\_\_\_\_

**NYS Approved to Give Medications:**  Yes  No

**Accreditation:**  
 NAEYC Nat'l Assoc. Education of Young Children  NAFCC (National Assoc. of Family Child Care)  
 NAA – National Afterschool Assoc.  After School Works NY  
 Quality Stars

**Endorsements/Certifications:**

- Asthma Friendly**
- Eco-Healthy:** Check box if your facility is **certified** eco-healthy. (To become certified, call 716-285-8572 option 4.)
- Certified Breastfeeding Friendly:** Check box if your facility is **certified** breastfeeding friendly.
- Caring Spaces**

**AFFILIATION:**

- NAEYC                       Church                       College                       Employer                       For profit
- Non-profit                       Public School                       Private School                       Religious Institution
- Public/Government Sponsored                       Parks & Recreation Dept.
- State Family Child care Association                       Other

**CARE SETTING:**

- House                       Apartment                       Townhouse                       Mobile Home
- Duplex                       On-site Employer                       Non-Residential                       Faith-based

**Environment:**

- No Pets                       Smoke Free Property                       No woodstove/Fireplace                       No Pool
- Peanut Free                       Wheelchair Accessible                       Air Conditioning                       Fenced Play Area
- Tree Nut Free

**Programs:** Programs you offer or **WILLING** to offer the children in your care

- Academic                       Bi-Lingual                       Child Development                       Continuity of Care
- Early Head Start                       Faith Based                       Head Start                       High/Scope
- Homework/Study Time                       Inclusive/Special Ed.                       Infant/Toddler                       In-Home
- Kindergarten                       Mixed Age                       Montessori                       Parent Involvement
- Play Based                       Playgroup                       Preschool                       Summer Recreation
- Universal Pre-K                       Vacation/Holiday                       Waldorf

**CACFP – Child & Adult Care Food Program:**

My day care participates in CACFP:     Yes                       No

Please answer the above question. In the new database, we are required to answer the question.

**MEALS AVAILABLE:**

- Breakfast                       Lunch                       Dinner
- AM Snack                       PM Snack                       Parent Provides Meal

*thank  
you*