



Day Care/SACC Provider Information Form

Date: _____

Rev. 11/4/2025

TYPE OF CARE (check one): Day Care Center (Licensed) School Age Child Care-(SACC) (Registered)
 Preschool Summer Camp

Provider's/Director's Name: _____

Business Name: _____

Phone #:(_____) _____ E-Mail: _____

Address: _____

City: _____ Zip Code: _____

STAFF and FACILITY INFORMATION:

Number of Assistants/Substitutes _____

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

If yes, which languages are spoken: _____

Your day care serves the following schools: _____

LICENSING INFORMATION:

License Number: _____ Expiration Date: _____
(Child Care Center)

Registration Number: _____ Expiration Date: _____
(School Age Program)

LICENSING/REGISTRATION CAPACITY:

Total Licensed Capacity (How many children is your program Licensed/Registered to serve?) _____

Total # of Openings by age groups:

School Age: _____ Preschool (3-5): _____ Toddler (18m-35m): _____ Infants (6w-18m) _____

NOTE: If you indicate zero openings, be sure to let us know when it changes.

ACCEPTS CHILDREN: Full Time Part Time Both

DURATION: Full Year School Year Only Summer Only

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

SCHEDULE INFORMATION:

DAYS OF CARE: Monday Tuesday Wednesday Thursday Friday Saturday Sunday
HOURS OF CARE: _____ TO _____
 (Opening time) (Closing time)

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

- Before School After School Evening Overnight Weekend Extended Hours
 Flexible Hours Early Day/Morning (prior to 6:00 AM) Late Day/Afternoon (after 6:00 PM)
 24-Hour Mildly Ill/Sick Snow Days Respite Care
 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)

TRANSPORTATION:

- Provider Provides Transportation Walking Distance to School
 Near Public Transportation Transportation Provided by School District

Name of school(s) offering transportation to or from your center? _____

RATES, FEES, & SUBSIDIES:

AGE GROUP	INFANT 6 WEEKS – 23 MONTHS	24 MONTHS – 35 MONTHS	PRESCHOOL 3 YEARS – 4 YEARS	SCHOOL AGE 5 YEARS +
PART-TIME				
Hourly				
Daily				
Weekly				
FULL-TIME				
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
 (↑Niagara Co. Child Care Subsidy)
 Employer Discount Fees Negotiable County Contract TANF

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
 After School Works NY

NAFCC (National Assoc. of Family Child Care)
 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

For profit

Non-profit

State Family Child care Association

Other (Explain) _____

Environment:

No Pets

Smoke Free Property

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

Continuity of Care

Faith Based

Homework/Study Time

Inclusive/Special Ed.

Infant/Toddler

Mixed Age

Montessori

Parent Involvement

Preschool

Summer Recreation

Vacation/Holiday

MEALS AVAILABLE:

Breakfast

Lunch

Dinner

AM Snack

PM Snack

Parent Provides Meal

CACFP – Child & Adult Care Food Program:

My day care participates in CACFP:

Yes

No

thank
you