

Mail or FAX to:  
Lane Family Connections  
Building 24  
4000 E 30<sup>th</sup> Avenue  
Eugene, OR 97405



Lane Family Connections  
**CHILD CARE PROVIDER INTAKE FORM**

(541)463-3954 800-222-329 FAX (541) 463-4724

**For Office Use Only**

Provider Record   
Date Added   
Staff Initials

**This form can be filled in right into the document, then printed, or print, fill in and fax or mail in your signed form.**

First Name:  Last Name:   
Business Name:  Date first began care (approximate is ok):

**Do we have Permission to put information about your childcare on the internet for online searching?**

**GIVE WEB Referrals** Yes  No

**\*\*To check out internet searching, visit the Oregon Childcare Resource and referral network at [www.ocrrn.org](http://www.ocrrn.org)**

Address:  City  State  Zip   
Mailing Address (if different)  City  State  Zip

Primary Phone:  Secondary Phone:  Fax Phone:  Cell Phone:

**Confidential Information** : SS#  Date of Birth:

**Website address:**  **Email:**  **Update by email** Yes  No

**\*\*Emails and Website addresses provided WILL be posted on the State website if web referrals is indicated.**

**License Type**  Registered or Certified Registration #  Expiration Date:   
 Exempt (not registered with the Child Care Division, or DHS listed only)

**Has preschool program with separate enrollment** Yes  No  **Preschool Curriculum** Yes  No

**Accepts Children** FROM AGE  weeks  mo.  yrs TO AGE  weeks  mo.  yrs

**Desired Capacity:**  For family Child care, exclude YOUR OWN children

**Current Openings:**  Specify what ages you can take  up to 1 yr  1-2 yr  2 yr to 1<sup>st</sup> grade  1<sup>st</sup> grade up

**For Family Providers: DO YOU have children of your own?** Yes  No  What are there ages now?

**Ethnicity** Mark the **ONE** you most relate to?  Caucasian (White)  Hispanic/Latino(Chicano)  Native American/Alaskan  
 Asian-Indian  Black (African American)  Hawaiian-Pacific Islander

**Transportation Provided** Yes  No  What public school **does or would** your children attend?

If transportation is provided what schools will you transport to/from?

Near School Bus  Walking Distance to School  Near Public Transportation  
 Transports to/from Designated Area  Transports to/from Preschool  Transports to/from Kindergarten School  
 Transports to/from Sports/Activities  Transports to/from Multiple Schools  Transports to/from Child's Home

**Primary Language:**  **Other Languages spoken**

**Extended Hours Offered (mark all that you are willing to consider or accept)**

Early morning (starting between 3 am and 5:59 am)  Evening (after 6:30 pm)  Overnight (at least between 10 pm and 3 am)  
 Weekend (regular care on Saturday and/or Sunday)  Occasional early morning  Occasional evening  
 Occasional overnight  Occasional weekend  Flexible am  
 Flexible pm **Please list any scheduling conditions not listed above.**

**DAYS**  
Mon  Tue  Wed  Thur  Fri  Sat  Sun   
**HOURS** FROM  AM  PM TO  AM  PM  
 Drop In  Temp/Emergency  Before School  After School  Rotating  24-Hour  Open Holidays

<b>RATES</b>	<b>FULL TIME (30 or more hours)</b>	<b>PART TIME (less than 30 hours)</b>
<b>Under 1 yr</b>	<input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month	<input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month
<b>1 to 2 yr</b>	<input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month	<input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month
<b>2yrs to Kindergarten</b>	<input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month	<input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month
	<b>Kindergarten</b>	<b>First Grade and Older</b>
<b>Before School</b>	<input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month	<input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month
<b>After School</b>	<input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month	<input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month
<b>Before AND After School or Fulltime (Summers)</b>	<input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month	<input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month
<input type="checkbox"/> Registration fee	<input type="checkbox"/> Deposit	<input type="checkbox"/> Materials/book fee
<input type="checkbox"/> Charge for transportation	<input type="checkbox"/> Extra Charge for meals	<input type="checkbox"/> Activity fee
<input type="checkbox"/> Other fees (specify what type and amount)		
<b>(Mark all that apply)</b>		
<input type="checkbox"/> Full time <input type="checkbox"/> Part Time <input type="checkbox"/> Both <input type="checkbox"/> School Year only <input type="checkbox"/> Summer only <input type="checkbox"/> Full Year Only <input type="checkbox"/> Any		

<b>ENVIRONMENT</b>		
<input type="checkbox"/> No smoking on premises	<input type="checkbox"/> No pets at all	<input type="checkbox"/> No cats
<input type="checkbox"/> No dogs	<input type="checkbox"/> Pets separate from children	<input type="checkbox"/> Completely Fenced Yard
<input type="checkbox"/> No TV	<input type="checkbox"/> Monitored TV	<input type="checkbox"/> Outdoor play area
<input type="checkbox"/> Covered outdoor play	<input type="checkbox"/> Outdoor play structure	

<b>MEALS</b>		
<input type="checkbox"/> USDA Food Program	<input type="checkbox"/> Provides breakfast	<input type="checkbox"/> Provides lunch
<input type="checkbox"/> Provides dinner	<input type="checkbox"/> Snacks provided	<input type="checkbox"/> Parent must bring meals
<input type="checkbox"/> Special meal requests accommodated	<input type="checkbox"/> Breastfeeding supported	

<b>PHILOSOPHY</b>		
<input type="checkbox"/> Montessori	<input type="checkbox"/> Waldorf	<input type="checkbox"/> Religious curriculum

<b>FINANCIAL ASSISTANCE</b>	<b>* Please indicate one of these (not willing will be marked if Willing is not)</b>	
<input type="checkbox"/> * Willing to accept DHS	<input type="checkbox"/> * NOT Willing to accept DHS	<input type="checkbox"/> DHS listed
<input type="checkbox"/> Qualified for DHS enhanced rate	<input type="checkbox"/> Multi-child discount	<input type="checkbox"/> Offers sliding fee scale
<input type="checkbox"/> Rates negotiable	<input type="checkbox"/> Offers scholarship	<input type="checkbox"/> Free to income eligible
<input type="checkbox"/> Parent co-op	<input type="checkbox"/> No rates - not market care	

<b>POLICIES</b>		
<input type="checkbox"/> Written contract	<input type="checkbox"/> Written policies	<input type="checkbox"/> Liability insurance
<input type="checkbox"/> Have backup provider (substitute)	<input type="checkbox"/> Have references	<input type="checkbox"/> Pay for slot whether in care or not
<input type="checkbox"/> Charges late fees	<input type="checkbox"/> Must be potty trained	<input type="checkbox"/> Needs payment in advance

<b>SPECIAL SKILLS</b>		
<input type="checkbox"/> Inclusion training	<input type="checkbox"/> Domestic Violence/Abuse training	<input type="checkbox"/> Behavioral issues training
<input type="checkbox"/> Medical Support training	<input type="checkbox"/> Diversity training	

<b>SAFETY</b>		
<input type="checkbox"/> First aid	<input type="checkbox"/> CPR	<input type="checkbox"/> Food Handlers Permit
<input type="checkbox"/> Recognizing/Reporting Abuse/Neglect	<input type="checkbox"/> Health and Safety Module 1	<input type="checkbox"/> Health and Safety Module 2
<input type="checkbox"/> Health and Safety Module 3	<input type="checkbox"/> Health and Safety Module 4	<input type="checkbox"/> Health and Safety Module 5
<input type="checkbox"/> Family Child Care Overview		

<b>SPECIAL NEEDS (Knowledge and or experience working with these types of needs)</b>		
<input type="checkbox"/> Behavior supervision/supports	<input type="checkbox"/> Communications supports	<input type="checkbox"/> Socialization supports
<input type="checkbox"/> Diapering/toileting assistance	<input type="checkbox"/> Mobility assistance	<input type="checkbox"/> Medication monitoring
<input type="checkbox"/> Nursing care	<input type="checkbox"/> Physical therapy	<input type="checkbox"/> Specialized equipment
<input type="checkbox"/> Wheelchair access	<input type="checkbox"/> Accessible bathroom	<input type="checkbox"/> No experience/willing to learn

<b>TRAINING</b>		
<input type="checkbox"/> Dollars and Sense	<input type="checkbox"/> Social and Emotional Module 1	<input type="checkbox"/> Social and Emotional Module 2
<input type="checkbox"/> Social and Emotional Module 3	<input type="checkbox"/> Social and Emotional Module 4	<input type="checkbox"/> First by Five Module 1
<input type="checkbox"/> First by Five Module 2	<input type="checkbox"/> First by Five Module 3	<input type="checkbox"/> First by Five Module 4

**EXPERIENCE**

- Trained as child care provider mentor     Center care experience     Previous family child care experience  
 K-elementary classroom teacher     Experience with medical assistance

**EDUCATION**

- High school diploma/GED     Some college, child related     Some college, other emphasis  
 Associate degree, child related     Associate degree, other emphasis     Bachelor's, child related  
 Bachelor's, other emphasis     MA/MS or PhD     CN/CMA  
 LPN/RN

**ACCREDITATION**

- NAFCC     NAEYC/NAECP     NSACA     CDA

**AFFILIATION (Contact Lane Family Connections for additional information)**

- PRO     Other provider support organization     Provider network  
 OACCD     OAEYC     OSAC  
 NAFCC     OFCCN     Stand for Children

**Oregon Registry**

- Step 1     Step 2     Step 3  
 Step 4     Step 5     Step 6  
 Step 5     Step 8 or 8.5     Step 9 or 9.5     Step 10 or above

**PROGRAM STRUCTURE**

- Homework assistance     Scheduled activities     Field trips  
 Additional lessons     Computer     Organized outdoor activities

**SPECIAL REQUESTS**

- Provides transportation to kindergarten     Has a designated child care area     Culturally sensitive curriculum  
 Language immersion program     Regular routines     Vegetarian  
 Whole foods (organic)     No sugar

**PROVIDER PREFERENCES**

- Update by email     Update by fax     To receive mailings in Spanish

I understand that Lane Family Connections (LFC) only makes referrals, not recommendations to families. I agree to assist LFC in maintaining up to date information on child care availability by reporting changes in my Family Child Care home when they occur. I give LFC permission to release the information on this form to parents seeking child care services. In addition, LFC occasionally releases the names and addresses of listed providers to carefully screened child care related agencies and organizations. Unless otherwise indicated, I give LFC permission to release my name and address to such agencies and organizations.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please let us know any details you want us or parents to know about your program: