

# Fairfax County Child Care Central Website Application

Rev: 01/03/14

## PROVIDER INFORMATION

\_\_\_\_\_ **RENEWAL**

Check if new address or phone number \_\_\_\_\_

Name \_\_\_\_\_ Business or Tax ID # \_\_\_\_\_  
(If Applicable)

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone # \_\_\_\_\_ Alternate Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Website Address: \_\_\_\_\_

**Which category of regulation applies to your family child care home?**

\_\_\_ County Permit \_\_\_ Fairfax City \_\_\_ Ft. Belvoir \_\_\_ State License (Dates) from \_\_\_\_\_ to \_\_\_\_\_  
\_\_\_ Falls Church City \_\_\_ Infant/Toddler Family Child Care System

## Accreditations (Copy of Certificate Required)

\_\_\_\_\_ NAFCC \_\_\_\_\_ CDA \_\_\_\_\_ Expiration Date  
*National Association of Family Child Care* *Child Development Association Credential*

**Do you have pets?** \_\_\_ Yes \_\_\_ No **If yes,** \_\_\_ Indoors \_\_\_ Outdoors only

**Do you provide a smoke free environment?** \_\_\_ Yes \_\_\_ No

**Is your home:** \_\_\_ Near public transportation? \_\_\_ Wheel chair accessible?

## USDA Food Program Participation

\_\_\_\_\_ Office for Children USDA Food Program \_\_\_\_\_ Other USDA Food Program \_\_\_\_\_ None

## List your neighborhood elementary school

School Name (base school) \_\_\_\_\_

## CHILD CARE COSTS WILL NOT APPEAR ON THE WEB SITE

**REGISTRATION FEE** \$ \_\_\_\_\_ **ONE-TIME** \_\_\_ **YEARLY** \_\_\_

### Weekly Child Care Rates:

**Check all ages you serve and fill in rates:**

___ Infants (birth - 15 months)	\$ _____	___ Preschool Age Four (48 – 59 months)	\$ _____
___ Toddler (16 - 23 months)	\$ _____	___ Preschool Age Five (Before School Age)	\$ _____
___ Preschool Age Two (24 – 35 months)	\$ _____	___ School Age: Full Time	\$ _____
___ Preschool Age Three (36 – 47 months)	\$ _____	___ School Age: Before and After School	\$ _____

**Schedule** (hours and days of operation as well as alternative schedules you offer)

Hours of operation: Open \_\_\_\_\_ a.m. Close \_\_\_\_\_ p.m.

Schedule Options: \_\_\_\_\_ Full-time only \_\_\_\_\_ Full-time and Part-time \_\_\_\_\_ Part-time only

Days of Operation: \_\_\_\_\_ Sun \_\_\_\_\_ Mon \_\_\_\_\_ Tue \_\_\_\_\_ Wed \_\_\_\_\_ Thur \_\_\_\_\_ Fri \_\_\_\_\_ Sat

**Care Level and Options**

Minimum Age you would enroll \_\_\_\_\_ mos/yrs Maximum age you would enroll \_\_\_\_\_ mos/yrs

**Alternative options you are willing to consider:**

- \_\_\_\_\_ before school \_\_\_\_\_ weekend care \_\_\_\_\_ shift/rotating week
- \_\_\_\_\_ after school \_\_\_\_\_ holidays/vacation \_\_\_\_\_ summer only
- \_\_\_\_\_ before/after preschool \_\_\_\_\_ occasional/back-up \_\_\_\_\_ school year only
- \_\_\_\_\_ extended hours \_\_\_\_\_ mornings \_\_\_\_\_ year round
- \_\_\_\_\_ evening care

Describe any other schedule options you offer: \_\_\_\_\_

**Special Services**

Do you have any experience or training in the care of children with special needs \_\_\_\_\_ Yes \_\_\_\_\_ No

Check if you have experience or training to provide the following types of special care

(please check where appropriate):

- \_\_\_\_\_ Adaptive/special equipment \_\_\_\_\_ Dispense medication
- \_\_\_\_\_ Catheter, g-tube \_\_\_\_\_ Downs Syndrome
- \_\_\_\_\_ Allergies \_\_\_\_\_ Emotional/learning disabilities
- \_\_\_\_\_ Apnea monitor \_\_\_\_\_ ADHD/ADD, challenging behaviors
- \_\_\_\_\_ Autism \_\_\_\_\_ Nebulizer
- \_\_\_\_\_ Asthma/respiratory conditions \_\_\_\_\_ Physical Impairments (hearing impaired, motor impairments, visually impaired)
- \_\_\_\_\_ Cerebral Palsy, neurological or seizure disorder \_\_\_\_\_ Physical or occupational therapy
- \_\_\_\_\_ Development delay (language/speech delay) \_\_\_\_\_ Special diets
- \_\_\_\_\_ Diabetes

Are you willing to provide care for mildly ill children? (colds, ear infection, fever, etc.) \_\_\_\_\_ Yes \_\_\_\_\_ No

**Language** Please list the languages you speak:

- \_\_\_\_\_ English \_\_\_\_\_ Punjabi \_\_\_\_\_ French
- \_\_\_\_\_ Spanish \_\_\_\_\_ Farsi \_\_\_\_\_ Vietnamese
- \_\_\_\_\_ Hindi \_\_\_\_\_ Arabic \_\_\_\_\_ Tagalog
- \_\_\_\_\_ Urdu \_\_\_\_\_ Bengali \_\_\_\_\_ Other \_\_\_\_\_

Can you use sign language? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Transportation** (Y or N)

Do you provide transportation to child's school? \_\_\_\_\_ Do you provide transportation from child's home to your care? \_\_\_\_\_

Do you provide transportation from child's school? \_\_\_\_\_ Do you provide transportation from your care to child's home? \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

By signing this application to become part of the Child Care Central Database, I understand that information about my program will be made available to the public through the Office for Children's Child Care Central Website and on listings requested by parents. I also understand that the Office for Children reserves the right to remove a child care program from the Child Care Central Database.

Please call Community Education and Provider Services at (703) 324-8100 with any questions. [www.fairfaxcounty.gov/ofc](http://www.fairfaxcounty.gov/ofc)

**FAIRFAX COUNTY OFFICE FOR CHILDREN**

12011 Government Center Parkway, 8<sup>th</sup> Floor Suite 820  
Fairfax, VA 22035-1104  
Fax: (703) 653-1302

**For Office Use Only**

CCMS # \_\_\_\_\_

Map Code \_\_\_\_\_

Application Received \_\_\_\_\_

Date entered into CCMS \_\_\_\_\_