Fairfax County Child Care Central Website Application

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 _____ NAFCC _____ CDA _____ Expiration Date

National Association of Family Child Care ***Child Development Associate Credential***

Do you have Pets? ___ Yes ___ No If yes, ____ Indoors ____ Outdoors only

Do you provide a smoke free (no one in the home is a smoker) environment? ____ Yes ____ No

Is your home: ___ Near public transportation ? ___ Wheelchair accessible ?

USDA Food Program Participation

_____ OFC 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

FEES

Check all ages you serve:

___ Infants (birth - 15 months) $_____

___ Toddler (16 - 23 months) $_____

___ Two-year old (24 – 35 months) $_____

___ Young Preschool (36 – 47 months) $_____

___ Older Preschool (48 – 59 months) $_____

Weekly Child Care Rates:

___ Kindergarten (60 – 71 months) $_____ full day

___ before and after kindergarten $_____

___ School age (72 months – 13 years) $_____ full day

___ before and after school $_____

Care Level

Schedule Hours and days of operation as well as alternative schedules you offer

Hours of Operation: Open _____ a.m. Close _____ p.m.

Minimum age you would enroll _____ mos/yrs Maximum age you would enroll _____ mos/yrs

Schedule Options: ___ Full-time only ___ Full-time and Part-time ___ Part-time only

Days of Operation: ___ Sun ___ Mon ___ Tues ___ Wed ___ Thur ___ Fri ___ Sat

Alternative Options you are willing to consider:

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

Describe any other schedule options you offer:_____

SPECIAL SERVICES

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 circle where appropriate):***

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

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 ___ Spanish ___ Vietnamese

___ Farsi ___ Korean ____Hindi ____Punjabi Other (please specify) _____

Can you use sign language? ____ Yes ____ No

Do you transport children?

Other School _____ _____To School _____ From School

___ from their home to your care? __ Yes __ No
___ from your care to their home? __ Yes __ No

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/childcare

FAIRFAX COUNTY OFFICE FOR CHILDREN
12011 Government Center Parkway, 8th Floor Suite 820
Fairfax, VA 22035-1104
Fax: (703) 324-3925

For Office Use Only

CCMS # _____ Map Code _____

Application Received _____ Date entered into CCMS _____