

# Provider-Fairfax County Child Care Central Website Application

Rev: 10/11/16

## PROVIDER INFORMATION

\_\_\_\_ RENEWAL

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

Name \_\_\_\_\_

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 \_\_\_\_ Falls Church City

\_\_\_\_ Infant/Toddler Family Child Care System \_\_\_\_ State License (Dates) from \_\_\_\_\_ to \_\_\_\_\_

Capacity \_\_\_\_\_

**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	_____ overnight care	

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

## USDA Food Program Participation

\_\_\_\_\_ Office for Children USDA Food Program

\_\_\_\_\_ Other USDA Food Program

\_\_\_\_\_ None

## 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	_____ Downs Syndrome
_____ Catheter, g-tube	_____ Emotional/learning disabilities
_____ Allergies	_____ ADHD/ADD, challenging behaviors
_____ Apnea monitor	_____ Hearing impaired
_____ Autism	_____ Motor impairments
_____ Asthma/respiratory conditions	_____ Nebulizer
_____ Cerebral Palsy, neurological or seizure disorder	_____ Physical or occupational therapy
_____ Development delay (language/speech delay)	_____ Special diets
_____ Diabetes	_____ Visually impaired

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

**List your neighborhood elementary school**

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

**Transportation** (Y or N)

Do you provide transportation to child's school? \_\_\_\_\_

Do you provide transportation from child's school? \_\_\_\_\_

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

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

**Child Care Rates (check one):**  Daily  Weekly  Monthly  Yearly

**(Rates will not appear on the website)**

Check all ages you serve and fill in rates:

\_\_\_ Infants (birth - 15 months) \$ \_\_\_\_\_      \_\_\_ Pre-kindergarten (48 – 59 months) \$ \_\_\_\_\_  
\_\_\_ Toddler (16 - 23 months) \$ \_\_\_\_\_      \_\_\_ School Age: Before and After School \$ \_\_\_\_\_  
\_\_\_ Preschool (24 – 47 months) \$ \_\_\_\_\_      \_\_\_ School Age: Full Time \$ \_\_\_\_\_

**Are the rates above (check one):**

Full time (M – F)  Part time (half day)  Part time (less than 5 days per week)  Other \_\_\_\_\_

Registration fee: \$ \_\_\_\_\_  One-time  Yearly

**Accreditations** (Copy of Certificate Required)

\_\_\_ NAFCC \_\_\_\_\_ CDA \_\_\_\_\_ Expiration Date \_\_\_\_\_ MAT \_\_\_\_\_ Expiration Date  
National Association of Family Child Care Child Development Association Credential Medication Administration Training

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

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

**Professional Experience**

\_\_\_\_\_ Associate's Degree \_\_\_\_\_ Experience Ages 3-5  
\_\_\_\_\_ Bachelor's Degree in Early Childhood Education \_\_\_\_\_ Experience Ages 6+  
\_\_\_\_\_ Bachelor's Degree (Other) \_\_\_\_\_ Master's Degree in Early Childhood Education  
\_\_\_\_\_ Experience Ages 0-2 \_\_\_\_\_ Master's Degree (Other) \_\_\_\_\_

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**

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