

**Community Child Care Clearinghouse of Niagara
PROVIDER INTAKE FORM**

Date: _____ Program Name: _____

Director: _____ Contact: _____

Address: _____ Mailing Address: _____

Phone 1: _____ Phone 2: _____ Fax: _____

Email: _____ Website: _____

TRANSPORTATION: Provides Transportation Near Public Transportation
 School Bus Transportation – located on a school bus route for the following school(s)

REGISTERED/LICENSED FACILITY TYPE (check one):

- | | |
|--|---|
| <input type="checkbox"/> Day Care Center | <input type="checkbox"/> Camp (care program/facility under Dept of Health guidelines) |
| <input type="checkbox"/> Family Child Care (FCC) | <input type="checkbox"/> Nursery School (non-regulated care provided in facility for less than 3 hours per day for children 36 months to 5 years.) |
| <input type="checkbox"/> Groups Family Child Care (GFCC) | <input type="checkbox"/> Pre-K (state funded school readiness program for ages 4 or 5 year olds entering kindergarten the following school year. May be Universal or Experimental Pre-K.) |
| <input type="checkbox"/> School Age Child Care (SACC) | |

Facility #: _____ Expiration Date: _____

Registered/Licensed Capacity: _____ # of Vacancies: _____

TYPE OF SERVICE	FULL TIME COST	PART TIME COST	ENROLLED	VACANCIES
Infant				
Toddler				
Preschool				
School-age				

Days of Operation: S M T W R F S Hours of Operation: _____ to _____

Ages of Children Accepted: _____ to _____

MAT Certified Expiration Date: _____

CPR Certified Expiration Date: _____

First Aid Certified: Expiration Date: _____

(OFFICE USE ONLY – Date Updated: _____)