

PROVIDER RESOURCE AND REFERRAL

CHANGE FORM



The information submitted below will be updated in your record and utilized when free, customized referral lists are compiled for families trying to locate a child care provider to meet their needs. It is also used to compute statistical reports that may influence planning, policy development, and funding levels concerning child care issues. Please mail the completed form to 1904 First Avenue North, Birmingham, AL 35203. Name and/or location changes require a new license or letter of exemption.

PROGRAM NAME (on file) _____

PLEASE PRINT LEGIBLY AND MARK ALL ITEMS THAT YOU WOULD LIKE TO HAVE UPDATED OR CHANGED.

Program Name _____ Director's Name (First, last) _____

Owner _____

Physical Location _____ City _____ Zip(+4) _____ County _____

Mailing Address, if different _____

Phone _____ Alternate Phone _____ Fax _____

Email _____ Website _____

Type of Program Fulltime/Part-time Child Care Preschool Mother's Day Out After School Care

Licensed as Center Family Home Group Home # _____ Expiration Date _____

License Exempt as Faith-Based Public School Private School MDO/PS

Licensed Capacity _____ Desired Capacity _____ Desired by ages

<u>0-11 mos</u>	<u>1 y-o</u>	<u>2 y-o</u>	<u>3 y-o</u>	<u>4 y-o</u>	<u>5 y-o</u>	<u>5+ y-o</u>
_____	_____	_____	_____	_____	_____	_____

Teacher to Child Ratio _____

Class/Group Size _____

Licensed Ages From _____ years _____ months Ages Accepted (if different) From _____ years _____ months

To _____ years _____ months To _____ years _____ months

Funded by Head Start State Pre-K Not Applicable

Accredited NAC NAEYC NAFFC SAC Other _____

Languages, in addition to English, fluently spoken by staff _____

School District _____ Transportation Provided Before School After School

Schools for whom transportation is provided _____

Other transportation service(s) offered _____

<p>Operation</p> <table style="width:100%; border-collapse: collapse;"> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Day of Week</th> <th style="text-align: left; border-bottom: 1px solid black;">Time Open</th> <th style="text-align: left; border-bottom: 1px solid black;">Time Close</th> </tr> <tr><td>Sunday</td><td>_____</td><td>_____</td></tr> <tr><td>Monday</td><td>_____</td><td>_____</td></tr> <tr><td>Tuesday</td><td>_____</td><td>_____</td></tr> <tr><td>Wednesday</td><td>_____</td><td>_____</td></tr> <tr><td>Thursday</td><td>_____</td><td>_____</td></tr> <tr><td>Friday</td><td>_____</td><td>_____</td></tr> <tr><td>Saturday</td><td>_____</td><td>_____</td></tr> </table>	Day of Week	Time Open	Time Close	Sunday	_____	_____	Monday	_____	_____	Tuesday	_____	_____	Wednesday	_____	_____	Thursday	_____	_____	Friday	_____	_____	Saturday	_____	_____	<p>Schedule <input type="checkbox"/> Full Year <input type="checkbox"/> School Year Only <input type="checkbox"/> Summer Only</p> <p>Special <input type="checkbox"/> Drop-In <input type="checkbox"/> Before School <input type="checkbox"/> After School</p> <p style="padding-left: 20px;"><input type="checkbox"/> Rotating <input type="checkbox"/> Open Holidays <input type="checkbox"/> Temp/Emergency</p> <p style="padding-left: 20px;"><input type="checkbox"/> 24 Hour <input type="checkbox"/> Summer Camp</p> <p>Children accepted <input type="checkbox"/> Fulltime</p> <p style="padding-left: 20px;"><input type="checkbox"/> Part-time (less than 26 hrs or 3 days per week)</p>
Day of Week	Time Open	Time Close																							
Sunday	_____	_____																							
Monday	_____	_____																							
Tuesday	_____	_____																							
Wednesday	_____	_____																							
Thursday	_____	_____																							
Friday	_____	_____																							
Saturday	_____	_____																							

Rates enter as either	Weekly		Monthly		<p>Other Fees:</p> <p>Registration \$ _____</p> <p>Other _____</p> <p>_____</p> <p>Multi-Child Discounts <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Need-Based Scholarships <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Sliding Fee Scale <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Subsidy accepted <input type="checkbox"/> DHR/Child Care Central</p> <p style="padding-left: 20px;"><input type="checkbox"/> SCCP/Childcare Resources</p>
	Part-time	Fulltime	Part-time	Fulltime	
Infants 0 -11 months					
Toddler 1 year-olds					
Toddler 2 year-olds					
Preschool 3 year-olds					
Preschool 4 year-olds					
Preschool 5 year-olds					
School 6-10 year-olds					
School 11-15 year-olds					
Before School					
After School					
Drop In					

Environment Smoke Free No Pets Pets Kept Separate Public Transportation Accessible

Meals Breakfast Morning Snack Lunch Afternoon Snack Dinner USDA

Parent Provides Snacks Parent Provides Lunch Special Diet Considerations

Philosophy/Curriculum Montessori A Beka Waldorf Creative Curriculum High Scope Other _____

Safety CPR Current within 2 yrs First Aid Training Liability Insurance Live Internet Classroom Viewing

Enrichment: Computers Field Trips Gymnastics/Dance Music Outdoor Activities Creative Arts

Homework Tutor Language _____

STATISTICAL INFORMATION

The following information is used only for statistical reports which may impact decisions made concerning local and national child care issues. It is considered confidential and never released or reported on an individual basis. Participation is optional.

Setting For Profit Non-Profit Non-Residential Faith-Based Work Place Based Public School

Franchise Head Start Private School College/University Wheel Chair Accessible

