

Child Care HELP!Line Intake Form

Name _____

Street Address _____ City _____ State _____ Zip _____

Mailing Address _____

Phone : _____ Contact Person/Director _____

E-mail address _____ (used for updating vacancies)

Elementary School District(s) _____ (PLEASE FILL OUT)

What type of care do you provide? Please check one: _____ Child Care Center _____ Group Family Child Care Center
 _____ State Registered Family Day Care _____ State Unregistered Family Daycare

What type of facility is your family daycare business in? _____ Business _____ House _____ Apartment _____ Duplex

License Type? _____ City Registration _____ State Registration _____ Licensed with the State of SD (centers)

Ages of children served _____ to _____

State License or Registration # _____ Expiration Date _____ Tax ID _____

Transportation Provided _____yes _____no In Walking distance to school _____yes _____no (4 blocks or less)

Languages _____ English _____ Spanish _____ Other (please list)

Days in Operation _____ Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____ Sun

Hours: From _____ to _____ Are these hours flexible? _____ Yes _____ No
 If hours vary day to day please note the hours on another sheet of paper.

Please check ALL areas that apply to your child care services:

I am currently serving or would be willing to take children with the following schedules:

_____ Full Time _____ Part Time

I provide the following special services (CHECK ALL THAT APPLY):

_____ Drop-in care _____ Sick care _____ Special needs _____ Open Holidays
 _____ Temporary/emergency _____ 24-hour care _____ Before School _____ After School _____ Rotating

	Infant (0-36weeks)	Infant (37-52 weeks)	Toddler (1-2 years)	Toddler (2-3years)	Preschool (3-4years)	Preschool (4-5years)	Schoolage (5-12)
FT cost _____ (Per week/per hours)	_____	_____	_____	_____	_____	_____	_____
PT cost _____ (Per week/per hour)	_____	_____	_____	_____	_____	_____	_____
Total Capacity _____	_____	_____	_____	_____	_____	_____	_____
Total Openings _____	_____	_____	_____	_____	_____	_____	_____

I serve the following meals:

_____ Breakfast _____ AM snack _____ Lunch _____ PM snack _____ Dinner _____ Special Diet

Involved in Child Care Food Program? Yes No *Name of the Food Program _____

Is your environment (check all that apply)?

Non-smoking No pets Fenced for outside play area
 Large Motor Area Learning Center

I accept childcare assistance yes no

I have the following policies

Written contract written handbook multi-child discount
 provider sick allowance provider vacation allowance child absence allowance
 sliding fee

I have completed the following safety classes

CPR current within 2 years First Aid Training Child Development Accreditation(CDA)

Special Needs (I can provide care for children with the special needs that are checked)

Cognitive Sensory Disability Health/Medical Feeding Tubes
 Apnea Monitors Special Diets Dispensing Medication
 Behavioral Needs

Hours of in-service training completed yearly?

Less than 12 hours 13-40 hours College Training

Experience:

Under 1-year 1-3 years 4-9 years 10-20 years More than 20 years
 Family Child Care Experience Child Care Center Experience Babysitting Experience

Education Level:

High School Education Some College, child related Some College, other emphasis
 Associates Degree, child related Associate Degree, other Bachelor's, Child related
 Bachelor's Degree, other CDA (Child Development Assoc.) Less than 8th Grade
 Master's Degree

I have the following:

NAEYC Accredited (Nat. Assoc. for the Edu. Of Young Children)
 Member of NAEYC/SDAEYC/SAEYC
 Member NAFCC (National Association for Family Child Care)

***** Please share additional information on your care below or attach a sheet about the services you provide. This will allow parents to have a more detail description of the care you provide.

I/we certify that the information provided about my/our daycare business is truthful.

I/we hereby certify that neither I/we nor any member of my/our household has had a report of alleged child abuse or neglect substantiated by law enforcement or social services agency. I/we also certify that neither I/we nor any member of my/our household had been convicted of a crime involving either violence to persons or breach of moral conduct (i.e., rape, sexual molestation, incest, narcotics, spouse abuse, prostitution, assault)

I/we hereby release the HELP!Line Center and its affiliates, together with its officers, directors, agents and employees for any injury or damage to any child which may be referred to me/us from the Child Care HELP!Line, whether foreseen or unforeseen; that I/we further indemnify and hold harmless those same entities, whether individual or corporate, on demand, for any and all claims, actions, demands, obligations, liabilities, suits, damages, losses, costs or expenses of any kind or description whatsoever, including without limitation, reasonable attorney's fees and amounts paid in settlement of any and all claims, incurred by any of the indemnified parties by reason of the acts or omissions of the indemnifying party and/or any officer, director, shareholder, employee, attorney or agent of the indemnifying party.

I/we hereby certify that my/our daycare business is registered with the Sioux Falls City Health Department if it resides within the city limits of Sioux Falls. I/we will notify the Child Care HELP!Line if registration with the city is revoked or discontinued for any reason.

(Please print name)

Signature

Date

IMPORTANT

The Child Care HELP!Line also maintains an **online** database of child care providers. Being listed online is **optional** for all providers. Families have the ability to enter their child care needs using the online database. The database will generate a list of potential providers based on their needs. The online searches replicate the searches available for families who call for referrals. Please indicate below if you would or would not like to be a part of the online database.

_____ **Yes**, I would also like to be listed online. I understand that my provider profile will be available for families using the online database as well as families contacting the Child Care HELP!Line via telephone.

_____ **No**, I would not like to be listed online. I understand that my provider profile will only be available for families who call the Child Care HELP!Line for referrals.

Return to:

**Child Care HELP!Line
Attn: Childcare Coordinator
1000 N. West Avenue, Suite 310
Sioux Falls, SD 57104-1314**

Please include a copy of your State license if you are registered with the State, and for all residents of Sioux Falls, you must have a copy of your City License sent to us to be put on our database.