

Child Care Request Form

Please complete this form and either email to childcare@oppco.org, fax to Child Care Resource and Referral at 360-734-0508, or mail to:

Child Care Resource & Referral
Opportunity Council
1111 Cornwall Avenue, Suite C
Bellingham, WA 98225

Parent/Guardian Information (all of the information provided is confidential) Date _____

Have you received referrals from us in the past? Yes _____ No _____

Name _____

Address _____

City _____

State _____

Zip _____

Telephone (_____) _____

Is care needed nearby: Home ___ Work ___ School ___ Relative ___ Other ___

Address by which care is needed (if other than above):

Address _____

City _____

State _____

Zip _____

Employer _____

Do you need a provider accepting child care subsidy payments from: DSHS/CPS _____ Other _____

How would you like to receive your list of referrals and consumer education packet?

Select **one** of the following: Mailed ___ Picked up at Opportunity Council ___ Phoned ___
Emailed ___ (email address: _____)
Faxed ___ (fax number: _____)

Family Information

Are you the: Mother ___ Father ___ Grandparent ___ Foster Parent ___ Caseworker ___

Other, please specify: _____

Employment status: _____

Family size: _____ Number of parents/adults in the home: 1 ___ 2 or more ___

Your birthdate: ____/____/____

How did you hear about our service? _____

Why do you need child care? _____

Is your monthly income below? ___ \$2,200 ___ \$2,766 ___ \$3,334 ___ \$3,900

___ \$4,466 ___ \$5,034 ___ \$5,600

Do you have health insurance for your child/ren? ___ yes ___ no

Do you have dental coverage for your child/ren? ___ yes ___ no

(Child Care Request Form continued on the back)

Child Information

Type of care preferred: Licensed Child Care Center ___ Licensed Family Child Care Home ___

Language Preferred _____

Elementary school child attends _____ Date care will begin _____

Child #1

Gender _____

Name _____ Birthdate _____ Age _____

Circle days needed: S M T W H F S Time: From _____ to _____
Any special needs, schedules (such as before and after school), transportation, or additional services required (such as drop-in care, preschool component, school-age component, etc.)? *Please explain.*

Child #2 Gender _____
Name _____ Birthdate _____ Age _____

Circle days needed: S M T W H F S Time: From _____ to _____
Any special needs, schedules (such as before and after school), transportation, or additional services required (such as drop-in care, preschool component, school-age component, etc.)? *Please explain.*

Child #3 Gender _____
Name _____ Birthdate _____ Age _____

Circle days needed: S M T W H F S Time: From _____ to _____
Any special needs, schedules (such as before and after school), transportation, or additional services required (such as drop-in care, preschool component, school-age component, etc.)? *Please explain.*

Child #4 Gender _____
Name _____ Birthdate _____ Age _____

Circle days needed: S M T W H F S Times From _____ to _____
Any special needs, schedules (such as before and after school), transportation, or additional services required (such as drop-in care, preschool component, school-age component, etc.)? *Please explain.*

Thank you for your interest in our services. Child Care Resource and Referral does not charge parents and families fees for child care referrals and consumer education about high-quality child care. We provide parents and families with referrals, not recommendations. A trained Child Care Resource and Referral Coordinator will enter your information (which is kept confidential) into our database, run a search based on your criteria, and generate a customized list of licensed child care providers who meet your family's needs. Feel free to contact us with any questions, comments, or to find out how to choose safe and appropriate child care at 360-734-5121 ext. 227 (Whatcom County) or 800-649-5121 ext. 227 (Island and San Juan Counties), or via email at childcare@oppco.org. ~The Staff at Child Care & Resource and Referral