|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| We are exploring the child care needs of families in our community. We would appreciate your help in this process by completing the short survey below. | | | | | | | | | | | | | | |
| Please indicate the number of children in your home needing each kind of care listed below. | | | | | | | | | | | | | | |
| **Preschoolers** | | | | | | | | | | | | | | |
| Ages of child(ren) needing care: | | | | | | | | | | | | | | |
|  | | |  | Infants / Toddlers | | | | | | | | | | |
|  | | |  | Two-year-olds | | | | | | | | | | |
|  | | |  | Three to five-year-olds | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Days and hours for which care is needed: (circle all which apply) | | | | | | | | | | | | | | |
|  | | | Monday  a.m. p.m. | | | | Tuesday  a.m. p.m. | | | Wednesday  a.m. p.m. | | Thursday  a.m. p.m. | | Friday  a.m. p.m. |
|  | | | | | | | | | | | | | | |
| Specific hours/shifts for which care is needed: | | | | | | | | | | | | | | |
|  | | |  | Full-time | | | | | | | | | | |
|  | | |  | Part-time | | | | | | | | | | |
|  | | |  | Preschool Only (3-4 hour program for children aged three thru five) | | | | | | | | | | |
|  | | |  |  | Prefer morning sessions | | | | | |  | | Prefer afternoon sessions | |
|  | | |  | Shift care | | | | | | | | | | |
|  | | |  | Drop-in care (or “as needed”) | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **School-age children** | | | | | | | | | | | | | | |
|  | | |  | Before school (6:00 a.m. until start of school day) | | | | | | | | | | |
|  | | |  | After school (from end of school day until 6:00 p.m.) | | | | | | | | | | |
|  | | |  | Non-school days (vacations, breaks, etc.) | | | | | | | | | | |
|  | | |  | Summer program | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| School your child(ren) attends: | | | | | | | |  | | | | | | |
| Specific days/weeks needing care: | | | | | | | | |  | | | | | |
| Specific hours/shifts care needing: | | | | | | | | |  | | | | | |
|  | | | | | | | | | | | | | | |
| What are you looking for in a child care provider? | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Please return by date: | | | | | |  | | | | | | | | |
| To: | |  | | | | | | | | | | | | |
| **Our sincere thanks for your cooperation!**  A self-addressed, stamped envelope is enclosed for your convenience. | | | | | | | | | | | | | | |