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| 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) |
|  | Mondaya.m. p.m. | Tuesdaya.m. p.m. | Wednesdaya.m. p.m. | Thursdaya.m. p.m. | Fridaya.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. |