

PacificCARE Provider Questionnaire

Please complete information where applicable. If necessary, add additional info.

Proprietor/Owner Facility License#

Mail Address Location

City Postal Code Phone Fax Email

LNR , or License Type: FCC INF/TODD OOS CM PRESCHOOL GDC groups to provide license copy.

Ages you accept: From To

SCHEDULE INFORMATION check all that apply ✓

Days you are open: S M T W T F S Hours you are open: From To Are you flexible

Please indicate Schedule : Full -Time / Part Time / Both

Times of Day	Week Schedule	Year Schedule	Special Considerations
All day	Full Week (M-F)	Year round schedule	Drop in
Overnight	Part Week	School Year Only	24 Hours
Morning only	Split shifts.	Summer Only	Extended Hours
Afternoon Only	Weekend Care	Vacations/holidays/Pro-D	Varied schedule
Evening			Temp/Emergency

SERVICES YOU ARE OFFERING check all that apply ✓

Wheel Chair Access Special Needs Care School Escort (transport or walk) No School Escort

What School(s)? Bilingual Language(s)

Affiliation	Meals	Environment	Accreditation	Program Type
Private Owned	Breakfast	Non Smoking	First Aid	Montessori
Non Profit	Lunch	Outdoor Play	FCC Certificate	Religious
Parks & Recreation	Snacks	Pets	ECE License	Learn Thru Play
Church	Parent Provide	Nr. Bus Route	Special Needs Certificate	Parent Participation
Other			Under 3's	Mixed Age
			Workshops	Structured
				Bilingual

RATE INFORMATION (approximate/average) optional

Hourly Daily Weekly Monthly Special family Rate Subsidy Only Rate(yes/no)

Spaces available now

Please place me on the active referral list No Referrals until advised

Brief Comments