



LICENSE-EXEMPT FAMILY CHILD CARE APPLICATION

GENERAL INFORMATION:

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL: \_\_\_\_\_

NEAREST PUBLIC ELEMENTARY SCHOOL: \_\_\_\_\_

SCHOOL DISTRICT NUMBER: \_\_\_\_\_
(call your nearest elementary school or village hall)

NEAREST MAJOR INTERSECTION: \_\_\_\_\_

HOW DID YOU FIND OUT ABOUT THE CCR&R? (Circle One) FRIEND/RELATIVE
NEWSPAPER CABLE FCC/ASSOCIATION DCFS DHS OTHER:\_\_\_\_\_

PLEASE LIST AGES OF CHILDREN UNDER AGE 12 LIVING IN YOUR HOUSEHOLD:

AGE:\_\_\_\_\_AGE:\_\_\_\_\_AGE:\_\_\_\_\_

AGE:\_\_\_\_\_AGE:\_\_\_\_\_AGE:\_\_\_\_\_

WHAT HOURS WILL YOU CARE FOR CHILDREN? (Check all that apply)

- [ ] FULL TIME [ ] PART TIME [ ] PART WEEK [ ] PART DAY
[ ] EVENING [ ] OVERNIGHT [ ] WEEKEND [ ] DROP IN

Indicate the days and hours you provide care:

HOURS OF OPERATION

Table with 3 columns: Day, From, To. Rows for Monday through Sunday.

**AGES OF CHILDREN YOU ARE WILLING TO ACCEPT:** (enter number and circle one).

Age of youngest: \_\_\_\_\_ weeks   months   years   Age of oldest: \_\_\_\_\_ weeks   months   years

**REFERRAL STATUS:** (Check all that apply) *Referral status means that you are willing to have your name given to parents looking for childcare.*

- I want to be a part of the referral service
- I do not wish to be a part of the referral service
- I am willing to take calls from parents who need care over 3 months from now.
- I am temporarily not currently providing care. Date \_\_\_\_\_ expected to be providing care.

**TRANSPORTATION:**

**My program provides regular transportation** (If yes, see below).      YES                      NO

- To/From Home
- To/From Preschool
- To/From School
- To/From Activity
- To/From Other: Please explain: \_\_\_\_\_
- May provide on family to family basis

**My program is located near public transportation**                      YES                      NO

**PROGRAM INFORMATION** (Check all that apply)

- Montessori Teacher Training Certificate from an organization affiliated with Montessori Accreditation Council (MACTE), American Montessori Society (AMS), or Association Montessori International (AMI).
- I incorporate religious curriculum or practices into my program.
- I provide a parent co-op service singly or as part of other services.
- I provide respite care (occasional care for children with disabilities).

**PROGRAM ENVIRONMENT** (Check all that apply)

- I have pets.   Indoor? \_\_\_\_\_ Outdoor? \_\_\_\_\_ (do not include fish aquariums).
- I have a fenced yard (outdoor play area used for child care is completely fenced in).
- My program is wheelchair accessible.
- My program has an indoor/outdoor pool.
- My program is located on waterfront property.

**SPECIAL NEEDS** (Check all that apply)

**Enter the number of children with Special Needs currently enrolled in your program:** \_\_\_\_\_

*(a child with special needs/disabilities is a child who has been diagnosed by a professional and is receiving special services from a public school, community agency, or regular care by a physician for a medical condition).*

- I have experience w/caring for a child w/special emotional needs and/or behaviors i.e. ADD, ADHD, etc.
- I have experience with caring for a child with physical needs such as Spinal Bifida, Cerebral Palsy, etc.
- I have experience in caring for a child with developmental delays.
- I can sign fluently to communicate on a daily basis.
- I have experience or training in caring for a child who has asthma and uses a nebulizer or inhaler or has life threatening allergies.
- I have experience or training in working with a child with visual/hearing impairments.
- I have experience or training in working with children who have sensory disabilities (tactile deficiency, over-stimulation due to environment).

- I have experience or training for a condition, which requires medical procedure to be performed by the provider such as tube feedings, diabetes, monitor or seizures.
- I have experience or training of a child diagnosed with autism.
- I have experience or training in caring for a child(ren) who are gifted.
- I have experience or training in caring for premature infant(s).
- I have experience caring for a child with other types of special needs.

**MEALS** (Check all that apply)

- I am a member of the USDA food program.
- I provide breakfast.
- I provide AM snacks.
- I provide lunch.
- I provide PM snacks.
- I provide dinner.
- Parents are asked to furnish child's own meals/snacks.
- I accommodate special diet such as health, religious and/or cultural.

**CHILD CARE ASSISTANCE (SUBSIDY) FOR PARENTS** (Check all that apply)

- I will consider accepting IL Department of Human Services certificate payment, administered by the CCR&R subsidy unit, to serve children eligible for subsidized care.
- My program has an annual IL DHS contract to serve a specified number of children eligible for DHS subsidized care.
- I will consider accepting IL DCFS Vouchers for foster children, protective services, or special needs children.
- I offer scholarships to parents to help cover the cost of care.
- I charge tuition on a sliding fee scale based on family income.
- I am an employer-sponsored program, which offers some form of financial assistance to employees of a designate employer.
- I am willing to negotiate rates with families.
- I will provide a multi-child discount.

**PROGRAM POLICIES** (Check all that apply)

- My rates may be given out to parents.
- I charge when a child is absent due to illness.
- I charge when a child is absent due to vacation or a holiday.
- I give a discount for more then 1 child per family.
- I ask families to sign written contracts.
- I have written policies for families.
- I provide contracts, policies or other business materials in languages other than English.

Which languages? \_\_\_\_\_

## AGREEMENT FORM

In accordance with the Illinois Department of Children and Family Services, it is required that family child care providers be licensed if they care for more than three (3) children under the age of twelve (12). These are the situations that are legally considered license-exempt. Please check the box that applies to your situation.

**I have no children of my own. I can provide care for...**

- ◆ No more than three children who are unrelated.
- ◆ Any number of children who are from one household.
- ◆ One child from one household and two children from another household.

**I have one child of my own under the age of 12. I can provide care for...**

- ◆ Two unrelated children.
- ◆ One family of children (any number of children **in that household**).

**I have two children of my own under the age of 12. I can provide care for...**

- ◆ One child.
- ◆ One family of children (any number of children in that household).

**I have three or more children of my own under the age of twelve. I can provide care for....**

- ◆ One child or one family of children.
- ◆ Children that are related to me.

**I understand this definition as it applies to my current situation, and agree to abide by it as a license-exempt provider.**

\_\_\_\_\_  
Signature of Provider

\_\_\_\_\_  
Date