

Center Short Vacancy Update

Please fill in all your information in each box.

Center Name:	Director:	Contact Person:	
Street Address:	Mailing Address:	City:	Zip:
Phone # ()	2 nd Phone # ()	Fax # ()	
E-mail:			
Web Site:			
License #	Expiration Date:	County:	

Type Of Care – (check only one): Which is your primary purpose of your program?

- Child Care Center Center with Preschool Program (Additional children can attend Pre-school only)

Day-time Capacity:

Total day-time license *or* exempt capacity: _____

Total day-time vacancies you currently have as of _____: _____
(date) (vacancies)

Total Pre-school **AM** vacancies _____ Total Pre-school **PM** vacancies _____

Night-time Capacity:

Total overnight capacity listed on license or exempt capacity _____

Total night-time vacancies you currently have as of _____: _____
(date) (vacancies)

Ages of children you are willing to accept: (*enter the number and check weeks, months or years*)

Youngest: _____ Weeks Months Years Oldest: _____ Weeks Months Years

Hours of Operation:

Number of class sessions you offer _____ (*For each shift, please fill in the table below and circle either AM and/or PM*).

Days	Day hours		Pre-school hours			Evening hours		
	Start Time	End Time	Days	Start Time	End Time	Days	Start Time	End Time
Monday	AM PM	AM PM	Monday	AM PM	AM PM	Monday	AM PM	AM PM
Tuesday	AM PM	AM PM	Tuesday	AM PM	AM PM	Tuesday	AM PM	AM PM
Wednesday	AM PM	AM PM	Wednesday	AM PM	AM PM	Wednesday	AM PM	AM PM
Thursday	AM PM	AM PM	Thursday	AM PM	AM PM	Thursday	AM PM	AM PM
Friday	AM PM	AM PM	Friday	AM PM	AM PM	Friday	AM PM	AM PM
Saturday	AM PM	AM PM	Saturday	AM PM	AM PM	Saturday	AM PM	AM PM

Vacancies:

Age Group	<u>Day Shift</u>		<u>Pre-school AM</u>		<u>Pre-school PM</u>		<u>Evening</u>	
	<i>*Full Time Vacancy</i>	<i>Part-time Vacancy</i>	<i>Full-time Vacancy</i>	<i>Part-time Vacancy</i>	<i>Full-time Vacancy</i>	<i>Part-time Vacancy</i>	<i>Full time Vacancy</i>	<i>Part-time Vacancy</i>
<i>Infant-14 months</i>								
<i>Toddler (15-23 months)</i>								
<i>2 Year Olds</i>								
<i>3-4 Year Olds</i>								
<i>5 Yrs -Kindergarten</i>								
<i>Before and After Only</i>								
<i>School-Age Care Summer Care Only</i>								

Rates:

Age Group	*Full Time Hourly	Part-time Hourly	Full-time Daily	Part-time Daily	Full time Weekly	Part-time Weekly
Infant-14 months	\$	\$	\$	\$	\$	\$
Toddler (15-23 months)	\$	\$	\$	\$	\$	\$
2 Year Olds	\$	\$	\$	\$	\$	\$
3-4 Year Olds	\$	\$	\$	\$	\$	\$
5 Yrs -Kindergarten	\$	\$	\$	\$	\$	\$
Before and After Only	\$	\$				
School-Age Care Summer Care Only	\$	\$	\$	\$	\$	\$

Comments:

Thank you for your dedicated work for Illinois children and families!

Please make a copy of this form for your records and return the original to:

Child Care Resource & Referral

Attn: Norma

500 E 59th St

Davenport Iowa 52807-2623

Or email: nsplinter@iacommunityaction.org



Child Care Resource & Referral
of Midwestern Illinois