

Head Start Program Short Vacancy Update 2016/17

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:	

Day-time Capacity

Total day-time license *or* exempt capacity _____

Total desired day-time capacity (# of children you plan to care for at any one time.) _____

Total all day vacancies you currently have _____ as of: (Date) _____

Total Before-school vacancies _____ Total After-school vacancies _____

Ages of children you are willing to accept

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 indicating a.m. and/or p.m.)

<u>All Day hours</u>			<u>AM hours</u>			<u>PM hours</u>		
Days	Start Time	End Time	Days	Start Time	End Time	Days	Start Time	End Time
Monday	A P	A P	Monday	A P	A P	Monday	A P	A P
Tuesday	A P	A P	Tuesday	A P	A P	Tuesday	A P	A P
Wednesday	A P	A P	Wednesday	A P	A P	Wednesday	A P	A P
Thursday	A P	A P	Thursday	A P	A P	Thursday	A P	A P
Friday	A P	A P	Friday	A P	A P	Friday	A P	A P

A=AM P=PM

Number of AM classes _____

Number of PM classes _____

Number of All Day classes _____

Vacancies

All Day Classes

Age Group	*Desired Capacity	Licensed Capacity	Full-time vacancy	Part-time Vacancy	Earliest vacancy Date	Current Enrollment	Child/Adult Ratio	Group Size
Infants (1 week-14 months)								
Toddlers (15-23 months)								
2 Year Olds								
3-4 Year Olds								
5 Yrs -Kindergarten								

AM Classes

Age Group	*Desired Capacity	Licensed Capacity	Full-time vacancy	Part-time Vacancy	Earliest vacancy Date	Current Enrollment	Child/Adult Ratio	Group Size
Infants (1 week-14 months)								
Toddlers (15-23 months)								
2 Year Olds								
3-4 Year Olds								
5 Yrs -Kindergarten								

PM Classes

Age Group	*Desired Capacity	Licensed Capacity	Full-time vacancy	Part-time Vacancy	Earliest vacancy Date	Current Enrollment	Child/Adult Ratio	Group Size
Infants (1 week-14 months)								
Toddlers (15-23 months)								
2 Year Olds								
3-4 Year Olds								
5 Yrs -Kindergarten								

Registration for 2016-17 year will be: _____

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: Vacancy Updates
 4508 41st Street
 Moline, IL 61265
 Or
 E-mail to CCRRreferral@salfcs.org



Child Care Resource & Referral
of Midwestern Illinois
 A program of SAL Family and Community Services