

School-Age Program Short Vacancy Update 2012/13

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>Before school hours</u>			<u>After school 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

Vacancies

Age Group	All Day		Before School		After School		Summer Only	
	*Full Time Vacancy	Part-time Vacancy	Full-time Vacancy	Part-time Vacancy	Full-time Vacancy	Part-time Vacancy	Full time Vacancy	Part-time Vacancy
5 Yrs -Kindergarten								
<i>Before and After Only</i>								
School-Age Care <i>Summer Care Only</i>								

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: 4508 41st Street Moline, IL 61265

