

**FAMILY CHILD CARE PROVIDER STATEMENT OF SERVICES**

NAME (Last, First, M.I.)

DATE

**BUSINESS INFORMATION**

DAYS AND HOURS OF OPERATION (Check all that apply)

Monday     Tuesday     Wednesday     Thursday     Friday     Saturday     Sunday

Opening Time: \_\_\_\_\_ Closing Time: \_\_\_\_\_

Comments: \_\_\_\_\_

Drop In Service:  Yes  No (Please check Daily Rates and Fees)

AGE GROUPS ACCEPTED

Birth to 12 months     1 year to 2 years     3 years to 5 years     6 years to 12 years     Other

DAILY RATES AND OTHER FEES

Birth to 12 months:    Full Day Charge: \_\_\_\_\_    Part Day Charge: \_\_\_\_\_

1 year to 2 years:    Full Day Charge: \_\_\_\_\_    Part Day Charge: \_\_\_\_\_

3 years to 5 years:    Full Day Charge: \_\_\_\_\_    Part Day Charge: \_\_\_\_\_

6 years to 12 years:    Full Day Charge: \_\_\_\_\_    Part Day Charge: \_\_\_\_\_

My **FULL DAY** charge is considered a(n) \_\_\_\_\_ hour day. My **PART DAY** charge is considered a(n) \_\_\_\_\_ hour day.

Other charges: \_\_\_\_\_

Absence policy and charges (if applicable): \_\_\_\_\_

Transportation Provided:  Yes     No    Schools in Area: \_\_\_\_\_

Meals Provided:     Yes     No    Food Program Sponsor Name: \_\_\_\_\_

DATES CHILD CARE HOME IS CLOSED DURING THE YEAR

Thanksgiving     Christmas     New Year's Day     Other \_\_\_\_\_

Comments:

DAILY ACTIVITIES/PLANNED SCHEDULE FOR THE CHILDREN

MATERIALS AND EQUIPMENT FOR CHILDREN

ARIZONA DEPARTMENT OF ECONOMIC SECURITY  
 Child Care Administration

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**EDUCATION AND SPECIAL SKILLS**

HIGHEST GRADE LEVEL COMPLETED

Grade school (*Grade completed*)     
  High school (*Grade completed*)     
  College (*Years completed/Degree obtained*)     
  CDA

NAFCC

MY EXPERIENCES IN PROVIDING CHILD CARE

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MY SPECIAL SKILLS, KNOWLEDGE OR TRAINING THAT I FEEL ENHANCES MY ABILITY TO CARE FOR CHILDREN, INCLUDING CHILDREN WITH SPECIAL NEEDS

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BEHAVIOR/DISCIPLINE METHODS USED

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MY HOBBIES AND SPECIAL INTERESTS

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DESCRIPTION OF INDOOR AND OUTDOOR AREAS WHERE CHILD CARE WILL BE CONDUCTED (*Fenced backyard, trees, clean, etc.*)

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***I will make reasonable accommodations for children with special needs.***

PROVIDER'S SIGNATURE	DATE
PARENT/GUARDIAN SIGNATURE	DATE

If parent/guardian signs above, a copy must be provided to them.

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, TTY/TDD Services: 7-1-1. • Free language assistance for DES services is available upon request.