

STARTING POINT
Child Care Resource and Referral
Summer Camp Program Update Form

Program Name: _____

Site Address: _____

City: _____ **Zip:** _____ **County:** _____

Mailing Address: _____

City: _____ **Zip:** _____ **County:** _____

Contact Person: _____

Primary Phone: () _____ **ext.** _____ **Secondary Phone:** () _____ **ext.** _____

Fax #: () _____ **E-Mail Address:** _____

Website: _____

Update Method: Phone Fax Postal Mail E-Mail

Accepted Age Range: **From:** [] Years [] Months [] Weeks

To: [] Years [] Months [] Weeks

Days	Start Time	End Time	Camp Program
<input type="checkbox"/> Monday	[]	[]	Start Date: _____ End Date: _____
<input type="checkbox"/> Tuesday	[]	[]	
<input type="checkbox"/> Wednesday	[]	[]	Accepts Children <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Both
<input type="checkbox"/> Thursday	[]	[]	
<input type="checkbox"/> Friday	[]	[]	<input type="checkbox"/> Drop In <input type="checkbox"/> 24-Hour <input type="checkbox"/> Open Holidays
<input type="checkbox"/> Saturday	[]	[]	
<input type="checkbox"/> Sunday	[]	[]	

Enrollment Comments: _____

Program Fee Schedule

	Weekly F/T Rate	Weekly P/T Rate	Hourly Rate	Session Rate
Full-Time				
Part-Time				

Additional Fees: Registration/Application Fee Deposit Supply Fee Meal/Snack Fee

Comments: _____

Enrollment/Vacancy:

Summer Program

Maximum Daily Enrollment	Number of Vacancies	Child/Adult Ratio	# on Waiting List
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Languages: English Spanish Asian American Sign Language
 Hebrew Russian Arabic Other

Transportation: Transportation Provided To/From Home Near Public Transportation

Comments: _____

Physical Location of Program: Non-residential Building School Building Faith-based Building
 College/University Workplace-based

Enrollment Restrictions: Employees Only (if workplace-based) Income Eligibility Requirement
 Students Only (if school/college/university)

Summer Camp

- Sports (List in Comments)
 Theatre/Drama
 Computer
 Space
 Science

Specialty:

- Music
 Nature/Outdoors
 Art
 Cheerleading
 Other (List in Comments)

Comments:

Special Needs:

Number of children with special needs you are willing to serve?

Number of children with special needs currently being served?

Please list the specific special needs of children. For each of the following, list how many children have a specific need. (I.e. Asthma 3, Autism 4, etc.)

- | | | |
|--|---|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Autism | <input type="checkbox"/> Cerebral Palsy |
| <input type="checkbox"/> Communications | <input type="checkbox"/> Downs Syndrome | <input type="checkbox"/> Emotional/Behavioral |
| <input type="checkbox"/> Epilepsy/Seizures | <input type="checkbox"/> Hearing/Speech | <input type="checkbox"/> MR/DD |
| <input type="checkbox"/> Physical Mobility | <input type="checkbox"/> Spina Bifida | <input type="checkbox"/> Vision Impaired |
| <input type="checkbox"/> Other (List in comments, please be specific): | | |

Comments:

Staff

- Emotional/Behavioral
 Hearing/Speech
 Physical Mobility

Special Needs

- Medical Conditions
 MR/DD
 Visual

Training/Experience:

- Allergies/Asthma
 Other (List in comments, please be specific):

Comments:

Environment:

- Field Trips
 Pool/Waterfront
 Wheelchair Accessible

Meals:

- Breakfast
 Morning Snack
 Lunch
 Afternoon Snack
 Dinner
 USDA Food Program
 Special Diet
 Parent Provided

Financial Assistance: Public Funds through County DJFS Sliding Scale Scholarship
 Multi-child Discount United Way Employer

Accreditation: College Degreed College Courses CDA Workshop/Training
 ACA Accredited Other

Affiliation: For Profit Non Profit College/University County Contract Employer
 Public School School Parks/Rec Religious

Census Bureau Demographics:

Number of persons on staff who are Spanish/Hispanic/Latino:

Mexican, Mexican Am., Chicano Puerto Rican Cuban
 Other Spanish/Hispanic/Latino (print group)

Number of persons on staff who's race is:

White Black
 American Indian or Alaska Native (print tribe)
 Asian Indian Native Hawaiian Chinese
 Filipino Japanese Vietnamese
 Other Asian (print race)
 Guamanian or Chamorro Samoan
 Other Pacific Islander (print race)
 Other Race (print race)

English Ability: Number of persons on staff who speak a language other than English at home

What languages

How well do the persons speak English:

Very Well Well Not Well Not At All

Update Completed by: _____

Date Completed: _____ Best time to reach: _____ am/pm

Please mail or fax the completed form to **Starting Point, 4600 Euclid Avenue, Suite 500, Cleveland, OH 44103**

216-575-0102 (Fax). This form is also available online at **www.starting-point.org**. If you prefer to speak with someone directly, contact us at **216-575-0061** or **1-800-880-0971**. Thank you!

For Office Use Only

Staff Name: _____ Program ID No. _____

Date Received: _____ Date Entered: _____