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

Drogram Name					
			7in·	County:	
			-		
			7in:	Country	
				County:	
	· :()		. Secondary Phone	e: <u>(</u>)	ext.
			E-Mail Address:		
Update Method:					
Accepted Age Ra		n: Years			leeks
	To:	Years	Months	S [VV	eeks
Days					
y	Start Time	End Time	Camp Program		
☐ Monday	Start Time	End Time	Camp Program Start Date:	End Date:	
	Start Time	End Time		End Date:	
☐ Monday		End Time		End Date:	
☐ Monday ☐ Tuesday		End Time	Start Date:	End Date: Brat-Time	☐ Both
☐ Monday☐ Tuesday☐ Wednesday		End Time	Start Date:		
		End Time	Start Date:		
		End Time	Start Date: Accepts Children Full-Time] Part-Time	☐ Both
		End Time	Start Date: Accepts Children Full-Time] Part-Time	☐ Both
		End Time	Start Date: Accepts Children Full-Time] Part-Time	☐ Both

Program Fee Schedule					
	Weekly F/T Rate	Weekly P/T Rate	Hourly Rate	Session Rate	
Full-Time					
Part-Time					
Additional Fees:	Registra	ation/Application Fe	e Deposit	☐ Supply	Fee Meal/Snack Fee
Comments:					
Enrollment/Vacan	су:				
Summer Program					
	Maximum Da Enrollmen	-	ber of ncies	Child/ Adult Ratio	# on Waiting List
	Emonnen	T Vaca	licies	Addit Natio	List
Languages:	☐ English	☐ Spanish	n	America	an Sign Language
	☐ Hebrew	☐ Russian	n	Other	
Transportation:	☐ Transpo	ortation Provided	☐ To/From	n Home	Near Public Transportation
Comments:			_	_	·
					_
Physical Lagatics	Naw	idential Duilding	Cabacil	Puilding -	Egith board Building
Physical Location		idential Building	School I		Faith-based Building
of Program:	College/	University	∐ Workpla	ace-based	
				_	
Enrollment	Employe	ees Only (if workpla	ice-based)	☐ Income	Eligibility Requirement
Restrictions:	Student	s Only (if school/col	llege/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.)
	Asthma Autism Cerebral Palsy
	☐ Communications ☐ Downs Syndrome ☐ Emotional/Behavioral
	☐ Epilepsy/Seizures ☐ Hearing/Speech ☐ MR/DD
	☐ Physical Mobility ☐ Spina Bifida ☐ Vision Impaired
	Other (List in comments, please be specific):
Comments:	
<u>Staff</u>	☐ Emotional/Behavioral ☐ Hearing/Speech ☐ Physical Mobility
Special Needs	
Training/Experienc	e:
Comments:	
Environment:	Field Trips Pool/Waterfront Wheelchair Accessible
Meals:	☐ Breakfast ☐ Morning Snack ☐ Lunch ☐ Afternoon Snack
	☐ Dinner ☐ USDA Food Program ☐ Special Diet ☐ Parent Provided

Financial	☐ Public Funds through County DJFS ☐ Sliding Scale ☐ Scholarship
Assistance:	☐ 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 ☐ Parks/Rec ☐ Religious
Census Bureau I	Demographics: ons on staff who are Spanish/Hispanic/Latino:
	_
	Mexican, Mexican Am., Chicano Puerto Rican Cuban
	Other Spanish/Hispanic/Latino (print group)
Number of perso	ons 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	g Point, 4600 Euclid Avenue, Suite 500, Cleveland, OH 44	l103
216-575-0102 (Fax) . This form is also available (online at www.starting-point.org. If you prefer to speak wit	th someone
directly, contact us at 216-575-0061 or 1-800-880	0-0971 . Thank you!	
	For Office Use Only	
Staff Name:	Program ID No.	
Date Received:	Date Entered:	_