

**STARTING POINT**  
**Child Care Resource and Referral**  
**School Age Program Update Form**

*For Office Use Only*

**Staff Name:** \_\_\_\_\_ **Program ID No.** \_\_\_\_\_

**Date Received:** \_\_\_\_\_ **Date Entered:** \_\_\_\_\_

**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

**Transportation:**     To/From Home                       To/From School  
                                   Walking Distance to School             Near Public Transportation

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

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

**Programs:**     School Year SACC     1/2 Day Kindergarten SACC     Summer SACC

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

**(\*\*Required Field\*\*) Step Up to Quality Start Ratings**     1 Star     2 Stars     3 Stars     4 Stars     5 Stars

**Policies:**       Child Must Be Toilet Trained     Written Contract     Interview Required  
 Written Polices                       Has Back-up Provider

**Philosophy:**     Developmentally Appropriate Practices                       Montessori  
 Intergenerational (children & adults)                       Mixed Age (children)  
 Faith-based Curriculum

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

**\*\*Required Fields (Please Fill Out Completely)**

<b>Days</b>	<b>Start Time</b>	<b>End Time</b>	<b>Accepts Children</b>	
<input type="checkbox"/> Monday	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time <input type="checkbox"/> Both
<input type="checkbox"/> Tuesday	<input type="text"/>	<input type="text"/>	<b>Year Schedule</b>	
<input type="checkbox"/> Wednesday	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Full Year	<input type="checkbox"/> School Year <input type="checkbox"/> Summer Only
<input type="checkbox"/> Thursday	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Before School	<input type="checkbox"/> Rotating
<input type="checkbox"/> Friday	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> After School	<input type="checkbox"/> Temp/Emergency Care
<input type="checkbox"/> Saturday	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Drop In	<input type="checkbox"/> Open Holidays
<input type="checkbox"/> Sunday	<input type="text"/>	<input type="text"/>		

**\*\*Rates: (\*\*Required Fields, Please Fill Out Completely)**

Before School	After School	Before and After Full-Time	Summer/Break
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

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

**Financial Assistance:**     Publicly Funded Child Care                       Sliding Fee Scale  
 Multi-child Discount     Scholarship

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

**\*\*Capacity By Age Groups: (\*\*Required Fields, Please Fill Out Completely)**

**Before/After School Care**

AM Maximum Enrollment Capacity

AM Vacancies

PM Maximum Enrollment Capacity

PM Vacancies

Child/Adult Ratio

# on Waiting List

**Vacation/Holiday Care**

Full Day Maximum Enrollment Capacity

Full Day Vacancies

Child/Adult Ratio

# on Waiting List

**Summer Program**

Full Day Maximum Enrollment Capacity

Full Day Vacancies

Child/Adult Ratio

# on Waiting List

**Summer Camp**

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

**Specialty:**

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

**Comments:**

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**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:**

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**Environment:**

- Field Trips  Fenced Yard  Pool/Waterfront  Large Muscle Room  
 No Pets  Outdoor Pets Only  Smoke Free  Wheelchair Accessible  
 Non-Smoking During Care Hours

**Meals:**

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

**Education/**

High School Education  Workshops/Trainings  CDA  NAEYC  COA

**Accreditations:**

- Associates Degree (Child Related)  Associates Degree (other)  
 Bachelors Degree (child Related)  Bachelors Degree (Other)  
 Masters Degree (Child Related)  Masters Degree (Other)

**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!