

PARENT REQUEST FORM FOR CHILD CARE REFERRAL

ABOUT YOU, THE PARENT

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

COUNTY: _____

HOME PH#: _____ WORK PH#: _____ OTHER PH#: _____

HOW DO YOU WISH TO BE CONTACTED: PHONE FAX EMAIL OTHER _____

BEST TIME TO CONTACT YOU: _____

EMAIL ADDRESS: _____

REASON FOR SEEKING CHILD CARE: _____

ABOUT YOUR CHILD(REN)

CHILD'S FIRST NAME: _____ DATE OF BIRTH: _____

CHILD'S FIRST NAME: _____ DATE OF BIRTH: _____

CHILD'S FIRST NAME: _____ DATE OF BIRTH: _____

CHILD'S FIRST NAME: _____ DATE OF BIRTH: _____

CHILD'S FIRST NAME: _____ DATE OF BIRTH: _____

PLEASE INDICATE ANY SPECIAL NEEDS THAT YOUR CHILD(REN) MIGHT HAVE: _____

WHAT DAYS OF THE WEEK DO YOU NEED CHILD CARE? MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY SUNDAY

WHAT HOURS OF THE DAY DO YOU NEED CHILD CARE? _____ AM/PM TO _____ AM/PM

WHAT DATE DO YOU NEED CHILD CARE TO BEGIN? _____

STATISTICAL INFORMATION

The following is for statistical purposes and will not be used for any reason other than to advocate for child care and family services.

HOW DID YOU HEAR ABOUT OUR AGENCY? _____

AVERAGE FAMILY INCOME RANGE:

UNDER \$25,000 \$26,000 – 39,999 \$40,000 – 49,999 \$50,000 – 59,999 OVER \$60,000

YOUR AGE RANGE:

UNDER 20 21 – 30 31 – 40 41 – 50 OVER 50

RELATIONSHIP TO CHILD(REN) NEEDING CARE:

MOTHER FATHER GRANDPARENT OTHER _____

HOUSEHOLD CAREGIVERS:

ONE-PARENT HOME TWO-PARENT HOME OTHER _____

LANGUAGE SPOKEN AT HOME: _____

ADDITIONAL COMMENTS: _____

CCR&R Staff will use the information you have provided to generate a *free* referral for child care. All information is *confidential* and is required by our funding source. No personal information will be given or sold to any third party.

CCR&R is not a child care provider and does not *recommend* child care providers. The names of child care providers given should be considered *referrals only, not recommendations*. We do not warrant the information concerning any provider nor do we license, endorse, or recommend any particular child care provider. Only you can determine the quality of care that is appropriate for your child(ren).

Please mail or fax this form to:



CCR&R – Parent Counselor
PO Box 243
Tifton, GA 31793
Fax# (229) 382-3749
Ph# (229) 382-9919
Toll Free# (888) 893-4582