



Child Care Program Update

Date: _____

Program Name: _____

Director/Contact Person: _____

Address/City/Zip: _____

Phone Number: () _____ - _____

Email: _____

Vacancies:

_____ (0-12mos.) _____ (13-24mos.) _____ (25-36mos.)

_____ (37mos.-5yrs.) _____ (Kg and School age)

Weekly Fees:

_____ (0-12mos.) _____ (13-24mos.) _____ (25-36mos.)

_____ (37mos.-5yrs.) _____ (Kg and School age)

DSS Subsidy accepted: Yes No

Licensing Status: Licensed License Exempt

Days and Hours of operation:

Monday: _____ AM to _____ PM
Tuesday: _____ AM to _____ PM
Wednesday: _____ AM to _____ PM
Thursday: _____ AM to _____ PM
Friday: _____ AM to _____ PM
Saturday: _____ AM to _____ PM
Sunday: _____ AM to _____ PM

Transportation Offered:

To/From Home: Yes No To/From School: Yes No

School District Served: _____

Completed By: _____ **Title:** _____

CDCA reserves the right, in its sole and absolute discretion, to make an independent decision regarding the listing, or excluding, of any provider with the Resource and Referral Service. Complaints about services regarding child care will be referred to the Missouri Department of Health and Senior Services, Section for Child Care Regulation or the Missouri Department of Social Services as deemed necessary. An equal opportunity/affirmative action employer, services provided on a non-discriminatory basis. Funding provided by the Missouri Department of Social Services, Children's Division, Early Childhood and Prevention Services Section, in conjunction with the Department of Health and Senior Services, Division of Regulation and Licensure, Section for Child Care Regulation.
A United Way Member Agency.

Office Use Only: WLS ID: _____ Initials: _____ Date: _____

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