



CHILDCARE REFERRAL REQUEST

for a customized list of providers

SNCS Staff Only:

- CFCC Network
- AP Program

Return your completed form to:

Sierra Nevada Children's Services
 420 Sierra College Dr., Suite 100
 Grass Valley, CA 95945
 FAX: 530-272-1354 EMAIL: feedback@snos.org

General Information

Parent First & Last Name:

Email Address:

Opt Out Preferences: I do NOT wish to receive parent specific emails from SNCS (events, health & safety, workshops)

Primary Phone Number:

Secondary Phone Number:

Mailing Address:

How would you like to receive your referral? In Person Mail Phone Email

Reason Seeking Care:

- Employment
- School/Training
- Enrichment/Development
- Looking for Work
- Alternate/Back-up Care
- Child Protective Services
- Mildly Ill Child

Facility /Care Location

Looking for care near my: Home Work/School/Training Child's School Other (Specify):

Address (Home/Work/School/Other):

Child's Information (1st Child)

Child's First Name:

Date of Birth:

Date Care Needed:

Care Type: Family Child Care Home Child Care Center

Languages: English Spanish Other (Specify):

Time Needed: Full Time Part Time

Year Schedule: Full Year School Year Only Summer Only Other (specify):

Schedule Needed (Check all that apply):

- Monday _____ to _____
- Tuesday _____ to _____
- Wednesday _____ to _____
- Thursday _____ to _____
- Friday _____ to _____
- Saturday _____ to _____
- Sunday _____ to _____

Note: Enter times to nearest hour or half hour

Schedule Specifics:

- Before School
- After-School
- Evening
- Overnight
- Weekends
- Open Holidays
- Drop-in
- Rotating Schedules
- Temporary/Emergency
- Sick Care

Transportation Required? Near Public Transportation Near School Bus Stop Walking Distance to School

Provide Transportation TO school Provide Transportation FROM school Which school?

Additional Needs:

(Turn Page Over)

Child's Information (2nd Child)

Child's First Name:

Date of Birth:

Date Care Needed:

Care Type:

 Family Child Care Home Child Care CenterLanguages: English Spanish Other (Specify):

Time Needed:

 Full Time Part Time

Year Schedule:

 Full Year School Year Only Summer Only Other (specify):**Schedule Needed (Check all that apply):** Monday _____ to _____ Tuesday _____ to _____ Wednesday _____ to _____ Thursday _____ to _____ Friday _____ to _____ Saturday _____ to _____ Sunday _____ to _____*Note: Enter times to nearest hour or half hour***Schedule Specifics:** Before School After-School Evening Overnight Weekends Open Holidays Drop-in Rotating Schedules Temporary/Emergency Sick Care**Transportation Required?** Near Public Transportation Near School Bus Stop Walking Distance to School Provide Transportation **TO** school Provide Transportation **FROM** school**Which school?****Additional Needs:****Child's Information (3rd Child)**

Child's First Name:

Date of Birth:

Date Care Needed:

Care Type:

 Family Child Care Home Child Care CenterLanguages: English Spanish Other (Specify):

Time Needed:

 Full Time Part Time

Year Schedule:

 Full Year School Year Only Summer Only Other (specify):**Schedule Needed (Check all that apply):** Monday _____ to _____ Tuesday _____ to _____ Wednesday _____ to _____ Thursday _____ to _____ Friday _____ to _____ Saturday _____ to _____ Sunday _____ to _____*Note: Enter times to nearest hour or half hour***Schedule Specifics:** Before School After-School Evening Overnight Weekends Open Holidays Drop-in Rotating Schedules Temporary/Emergency Sick Care**Transportation Required?** Near Public Transportation Near School Bus Stop Walking Distance to School Provide Transportation **TO** school Provide Transportation **FROM** school**Which school?****Additional Needs:**