

# Child Care Referrals

Thank you for choosing the Preschool Enrichment Team to assist you in your search for child care in the Hampden and Berkshire Counties of Massachusetts. Finding a quality, affordable child care program takes time and energy. We are here to help you make an informed decision.

You may use this form in two ways:

- Print out this form, complete it and fax it to us at 413.734.6848 or mail it to Preschool Enrichment Team, Inc. 293 Bridge Street, Suite 322, Springfield, MA 01103

## Parent Information Form

Please fill in all requested information so that we may process your request promptly and accurately.  
Thank You!

### Parent's Information

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing address: \_\_\_\_\_  
(If different from home address)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home phone number: \_\_\_\_\_ Cell phone number: \_\_\_\_\_

Employer: \_\_\_\_\_

Spouse's Employer: \_\_\_\_\_

Work phone number: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax number: \_\_\_\_\_

Your Email Address: \_\_\_\_\_

### Tell us about your child care needs:

#### Child Number One:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date care is required: \_\_\_\_\_ Drop-off time: \_\_\_\_\_ Pick-up time: \_\_\_\_\_

(Check One)     Full Time                       Part Time

Days Needed            (Check all that apply)

Monday  Tuesday             Wednesday  Thursday  Friday  Saturday  Sunday

In what city/town/zip code are you looking for care? \_\_\_\_\_

What type of care are you interested in? (Check all that apply)

- Family Child Care                       Care In Your Home  
 Center-based Child Care                 Play Groups  
 Part-time Nursery School                 Summer Camps  
 After School Care                         Before School Care  
 Other (specify) \_\_\_\_\_

For Before/After School Care only:

What elementary school does your child attend? \_\_\_\_\_

**Child Number Two:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date care is required: \_\_\_\_\_ Drop-off time: \_\_\_\_\_ Pick-up time: \_\_\_\_\_

(Check One)     Full Time                       Part Time

Days Needed    (Check all that apply)

Monday  Tuesday     Wednesday  Thursday  Friday  Saturday  Sunday

In what city/town/zip code are you looking for care? \_\_\_\_\_

What type of care are you interested in? (Check all that apply)

- Family Child Care                       Care In Your Home  
 Center-based Child Care                 Play Groups  
 Part-time Nursery School                 Summer Camps  
 After School Care                         Before School Care  
 Other (specify) \_\_\_\_\_

For Before/After School Care only:

What elementary school does your child attend? \_\_\_\_\_

**Child Number Three:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date care is required: \_\_\_\_\_ Drop-off time: \_\_\_\_\_ Pick-up time: \_\_\_\_\_

(Check One)     Full Time                       Part Time

Days Needed    (Check all that apply)

Monday  Tuesday     Wednesday  Thursday  Friday  Saturday  Sunday

In what city/town/zip code are you looking for care? \_\_\_\_\_

What type of care are you interested in? (Check all that apply)

- Family Child Care                       Care In Your Home  
 Center-based Child Care                 Play Groups  
 Part-time Nursery School                 Summer Camps  
 After School Care                          Before School Care  
 Other (specify) \_\_\_\_\_

For Before/After School Care only:

What elementary school does your child attend? \_\_\_\_\_

### Just a few more questions

Does your child have a disability/special need?  Yes                       No      (If Yes, please specify)

\_\_\_\_\_  
\_\_\_\_\_

Do you prefer a pet free environment?  Yes -  No cats                       No dogs

Do you have any other comments, concerns or preferences? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### Optional Information

The questions in this section are optional. Your answers will help us assess the needs of families in Hampden and Berkshire County and determine how we may better serve you.

What is your family status?

- Two Parent     Single parent (18 or older)                       Single Parent (17 or younger)  
 Relative/Family Member                       Foster Care                       Decline to answer

What is the number of people living in your household? \_\_\_\_\_

What is your gross family income? \_\_\_\_\_

What is the primary language spoken in your home? \_\_\_\_\_

How do you prefer your referrals be sent?

Fax me at \_\_\_\_\_

Send my referrals via US mail

Email me at \_\_\_\_\_

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