

Child Care Referrals

Thank you for choosing the Preschool Enrichment Team to assist you in your search for child care in the Greater Springfield, Massachusetts area. 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 three ways:

- Fill out this interactive form and send via e-mail.
- Complete the form, print it, and fax it to us at the address at the bottom.
- Complete the form, print it and mail to address at the bottom.

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 Pager number
(If applicable)

Employer

Other Employer

Work phone number Fax number
(Please include your extension)

Your E-mail address

Tell us about your child care needs

Child Number One:

Name Date of birth Age

Date care is required

When do you need care? Drop-off time Pick-up time

(Check One) Full time Part time

(Check One) Full week Part week

Days Needed (Check all that apply)

- | | | |
|------------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Monday | <input type="checkbox"/> Thursday | <input type="checkbox"/> Saturday |
| <input type="checkbox"/> Tuesday | <input type="checkbox"/> Friday | <input type="checkbox"/> Sunday |
| <input type="checkbox"/> Wednesday | | |

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

- | | |
|--|---|
| <input type="checkbox"/> Family Child Care | <input type="checkbox"/> Care In Your Home |
| <input type="checkbox"/> Center-based Child Care | <input type="checkbox"/> Play Groups |
| <input type="checkbox"/> Nursery School | <input type="checkbox"/> Summer Camps |
| <input type="checkbox"/> After School Care | <input type="checkbox"/> Other (specify) <input type="text"/> |
| <input type="checkbox"/> Before School Care | |

For Before/After School Care only:

What elementary school does your child attend?

In what location are you looking for care? (Check all that apply)

- | | | |
|--|--------------------------------------|---|
| <input type="checkbox"/> Agawam | <input type="checkbox"/> Holyoke | <input type="checkbox"/> Three Rivers |
| <input type="checkbox"/> Blandford | <input type="checkbox"/> Longmeadow | <input type="checkbox"/> Thorndike |
| <input type="checkbox"/> Bondsville | <input type="checkbox"/> Ludlow | <input type="checkbox"/> Tolland |
| <input type="checkbox"/> Chester | <input type="checkbox"/> Monson | <input type="checkbox"/> West Springfield |
| <input type="checkbox"/> Chicopee | <input type="checkbox"/> Montgomery | <input type="checkbox"/> Westfield |
| <input type="checkbox"/> East Longmeadow | <input type="checkbox"/> Palmer | <input type="checkbox"/> Wilbraham |
| <input type="checkbox"/> Feeding Hills | <input type="checkbox"/> Russell | <input type="checkbox"/> Woronoco |
| <input type="checkbox"/> Granville | <input type="checkbox"/> Southwick | |
| <input type="checkbox"/> Hampden | <input type="checkbox"/> Springfield | |

Please specify the zip code(s) in which you are looking for care:

Child Number Two:

Name Date of birth Age

Date care is required

When do you need care? Drop-off time Pick-up time

(Check One) Full time Part time

(Check One) Full week Part week

Days needed (Check all that apply)

- | | | |
|------------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Monday | <input type="checkbox"/> Thursday | <input type="checkbox"/> Saturday |
| <input type="checkbox"/> Tuesday | <input type="checkbox"/> Friday | <input type="checkbox"/> Sunday |
| <input type="checkbox"/> Wednesday | | |

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

- | | |
|--|---|
| <input type="checkbox"/> Family Child Care | <input type="checkbox"/> Care In Your Home |
| <input type="checkbox"/> Center-based Child Care | <input type="checkbox"/> Play Groups |
| <input type="checkbox"/> Nursery Schools | <input type="checkbox"/> Summer Camps |
| <input type="checkbox"/> After School Care | <input type="checkbox"/> Other (specify) <input type="text"/> |
| <input type="checkbox"/> Before School Care | |

For Before/After School Care only:

What elementary school does your child attend?

In what location are you looking for care? (Check all that apply)

- | | | |
|--|--------------------------------------|---|
| <input type="checkbox"/> Agawam | <input type="checkbox"/> Holyoke | <input type="checkbox"/> Three Rivers |
| <input type="checkbox"/> Blandford | <input type="checkbox"/> Longmeadow | <input type="checkbox"/> Thorndike |
| <input type="checkbox"/> Bondsville | <input type="checkbox"/> Ludlow | <input type="checkbox"/> Tolland |
| <input type="checkbox"/> Chester | <input type="checkbox"/> Monson | <input type="checkbox"/> West Springfield |
| <input type="checkbox"/> Chicopee | <input type="checkbox"/> Montgomery | <input type="checkbox"/> Westfield |
| <input type="checkbox"/> East Longmeadow | <input type="checkbox"/> Palmer | <input type="checkbox"/> Wilbraham |
| <input type="checkbox"/> Feeding Hills | <input type="checkbox"/> Russell | <input type="checkbox"/> Woronoco |
| <input type="checkbox"/> Granville | <input type="checkbox"/> Southwick | |
| <input type="checkbox"/> Hampden | <input type="checkbox"/> Springfield | |

Please specify the zip code(s) in which you are looking for care:

Child Number Three:

Name Date of Birth Age

Date care is required

When do you need care? Drop-off Time Pick-up Time
(Check One) Full Time Part Time
(Check One) Full Week Part Week

Days needed (Check all that apply)
 Monday Thursday Saturday
 Tuesday Friday Sunday
 Wednesday

What type of care are you interested in? (Check all that apply)
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
 Nursery Schools Summer Camps
 After School Care Other (specify)
 Before School Care

For Before/After School Care only:
What elementary school does your child attend?

In what location are you looking for care? (Check all that apply)
 Agawam Holyoke Three Rivers
 Blandford Longmeadow Thorndike
 Bondsville Ludlow Tolland
 Chester Monson West Springfield
 Chicopee Montgomery Westfield

- | | | |
|--|--------------------------------------|-----------------------------------|
| East Longmeadow | Palmer | Wilbraham |
| <input type="checkbox"/> Feeding Hills | <input type="checkbox"/> Russell | <input type="checkbox"/> Woronoco |
| <input type="checkbox"/> Granville | <input type="checkbox"/> Southwick | |
| <input type="checkbox"/> Hampden | <input type="checkbox"/> Springfield | |

Please specify the zip code(s) in which you are looking for care:

Just a few more questions

Does your child have a disability: Yes No
 (If Yes, please specify)

	▲
	▼

Do you prefer a *smoke-free* home? Yes No

Do you prefer a no-pet environment? Yes No

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 County and determine how we may better serve you.

What is your family status?

- | | |
|--|---|
| <input type="checkbox"/> Two parent | <input type="checkbox"/> Relative/Family member |
| <input type="checkbox"/> Single parent (18 or older) | <input type="checkbox"/> Foster care |

- Single parent (17 or younger) Decline to answer

What is the number of people living in your household?

- One Five
 Two Six
 Three Seven
 Four Eight or More
 Decline to answer

What is your gross family income?

- Less than \$10,000 \$75,001 - \$100,000
 \$10,001 - \$25,000 More than \$100,000
 \$25,001 - \$50,000 Decline to answer
 \$50,001 - \$75,000

What is the primary language spoken in your home?

- English Cantonese
 Spanish Russian
 Portuguese Other (specify)
 Vietnamese Decline to answer
 Khmer

How do you prefer your referrals be sent?

- Fax me
- Send my referrals V.I.A. US mail

Send to P.E.T.

Cancel form

Please note this form is sent via e-mail. You may prefer to mail or fax a printed form or you may call a Child Care Consultant at the Preschool Enrichment Team.

**Preschool Enrichment Team, Inc.
293 Bridge Street, Suite 322
Springfield, MA 01103**

**Phone: (413) 736-3900
FAX: (413) 734-6848
E-mail: Pet@vgernet.net**