

Action for Children Provider Update Form

Action for Children lists your program in our Child Care Resource database to help families who need child care find you! Families can access your information on-line or by talking directly to our referral specialists. Please complete this form so we can provide accurate information and you can take advantage of this free marketing tool that will help families find and learn about your program.

Type of Care: Type B Home <input type="checkbox"/> Type A Home <input type="checkbox"/> Center <input type="checkbox"/> Preschool <input type="checkbox"/> School Age Program <input type="checkbox"/>	
Director or Contact Name:	Business Name:
Address:	City:
Zip Code:	Phone:
Email:	Social Media site address:
Step Up to Quality Rating:	Interested in learning more about becoming SUTQ rated? Yes <input type="checkbox"/> No <input type="checkbox"/>

What special needs do you accommodate?	Age Range of Children Served: From _____ To _____	Willing to Transport: Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Allergies/Asthma <input type="checkbox"/> Developmental Disabilities <input type="checkbox"/> Emotional/behavioral <input type="checkbox"/> Medical Conditions <input type="checkbox"/> Speech/hearing/visual <input type="checkbox"/> Physical/mobility	Provides Meals/Snacks: Yes <input type="checkbox"/> No <input type="checkbox"/>	Schools you transport to:
	Participate in USDA Food Program: Yes <input type="checkbox"/> No <input type="checkbox"/> Learn More <input type="checkbox"/>	
	Total Program Capacity _____ Number of Vacancies _____	

Full Time/Part Time Rates (per week)		Capacity per Age Group		Current Vacancies
Infant (0-24 months)	FT:\$ _____ PT:\$ _____	Infant (0-24 months)		
Toddler (24-36 months)	FT:\$ _____ PT:\$ _____	Toddler (24-36 months)		
Preschool (3-5 yrs old)	FT:\$ _____ PT:\$ _____	Preschool (3-5 yrs)		
School Age (5yrs & older)	FT:\$ _____ PT:\$ _____	School Age(5yrs & older)		
Deposit/Registration Fee: Yes <input type="checkbox"/> No <input type="checkbox"/> Cost _____		Financial Assistance: PFCC <input type="checkbox"/> Sliding Scale <input type="checkbox"/> Other _____		

Hours of Care		
Days	Start Time	End Time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Complete the form and return via one of the following options:

Mail to: Action for Children, 78 Jefferson Ave., Columbus, OH 43215

Scan and email to: update@actionforchildren.org

Fax to: 614-224-5437

Questions: 614-224-0222

*Please allow two weeks for updates to appear on website



Additional Information/Comments:

Person completing form _____ Date _____