



PRESCHOOL/NURSERY SCHOOL UPDATE FORM
Please Print or Type All of the Information

NAME OF PRESCHOOL: _____
If part of a center, center name _____

ADDRESS: _____

 (city) (state) (zip code)

MAILING ADDRESS: _____

 (city) (state) (zip code)

TELEPHONE NUMBER: (_____) _____ **ALTERNATE NUMBER:** (_____) _____

FAX NUMBER: (_____) _____

NAME OF DIRECTOR: _____

NAME OF CONTACT PERSON: _____

E-MAIL ADDRESS: _____

WEBSITE: _____

Can a child enroll only in your preschool program? ___ Yes ___ No Do you have a Kindergarten program? ___ Yes ___ No

License Number: _____ Expiration Date: _____ Total Capacity _____
 (if applicable)

Does your preschool receive Head Start Funding? ___ Yes ___ No and/ or ECAP Funding? ___ Yes ___ No

What age children do you enroll in your Preschool program? Youngest: yr _____ mo _____ Oldest: yr _____ mo _____

What is your age cut-off date (i.e. a child must be 3 yrs old by Oct 1st)? _____

PRESCHOOL PROGRAM SCHEDULE OPTIONS

Please list all schedule options for each age group (i.e. 3 year-old class schedule is Mon/Weds/Fri, 9-11:30am or 1-3pm)

	Monday		Tuesday		Wednesday		Thursday		Friday	
	am	pm	am	pm	am	pm	am	pm	am	pm
2 year-olds:										
3 year-olds:										
4 year-olds:										
5 year olds (Pre- K)										
Kindergarten:										

Do you offer extended hours? If yes, what are they? ___ : ___ am to ___ : ___ pm

On what date does your preschool year begin? (month, year) _____ End? (month, year) _____

Does your preschool run year-round or school year only? ___ year-round ___ school year only

Please list your tuition per age group: (i.e. Toddler 3 am's /\$70mo)

Toddler (2 am's or pm's)	\$ _____ wk	\$ _____ mo	\$ _____ yr
Toddler (3 am's or pm's)	\$ _____ wk	\$ _____ mo	\$ _____ yr
Toddler (5 am's or pm's)	\$ _____ wk	\$ _____ mo	\$ _____ yr
PreK (2 am's or pm's)	\$ _____ wk	\$ _____ mo	\$ _____ yr
PreK (3 am's or pm's)	\$ _____ wk	\$ _____ mo	\$ _____ yr
PreK (5 am's or pm's)	\$ _____ wk	\$ _____ mo	\$ _____ yr
Kindergarten (am or pm)	\$ _____ wk	\$ _____ mo	\$ _____ yr

ENVIRONMENT: (Please check all that apply)

Smoke-Free Environment Provide Diapers Pool-On-Site Outdoor Play Climbing Structures
 No Smoking Near Child Diapering Facility Swim Off-Site Air Conditioner

Which MEAL options do your preschool provide? (Please check all that apply)

Breakfast Morning Snack Lunch Afternoon Snack Special Meal Request

What is your preschool program PHILOSOPHY? (Please check all that apply)

Preschool Readiness Developmental/Hands-on Montessori
 Kindergarten Readiness High Reach Religious

Does your preschool accept or provide any of these SUBSIDIES? (Please check all that apply)

State Subsidy (Purchase of Care) United Way Head Start Funding
 Scholarship Pre-K Funding State Member Discount
 Sibling Discount Sliding Fee Scale Employer Discount (If yes, please list companies below:)

Does your preschool offer any of the following SAFETY measures? (Please check all that apply)

CPR Certified First Aid Training Nurse On-Site Medication Certification

Does your preschool have training or experience in these SPECIAL NEEDS areas? (Please check all that apply)

ADD ADHD Allergies Developmental Differences
 Diabetes Hearing Impaired Heart/Apnea Monitor Learning Disability
 Nebulizer Physically Challenged Seizures Sight Impaired Speech Impaired Feeding Tube

What type of EDUCATION has your preschool staff completed? (Please check all that apply)

High School Education College Cred. in Early Childhood Ed ECE/CD Degree
 Associate's Degree, Child Related Associate's Degree, Other Bachelor's Degree, Child Related
 Bachelor's Degree, Other CDA Credential/AA Degree Master's Degree

Does your preschool have any ACCREDITATIONS or QUALIFICATIONS? (Please check all that apply)

NAEYC Accredited Private School Accredited Montessori
 NKAD (Preschool, Kindergarten)

What type of AFFILIATIONS does your preschool have? (Please check all that apply)

Community Center House of Worship Just in Time Care® Program
 Workplace On-Site Center Private School Public School Not For Profit

What type of SECURITY SYSTEM does your preschool have in place? (Please check all that apply)

Buzzer Key Pad(s) Doors Locked Visitor Check-in Policy
 Locked Playground Parent(s) Remain in Car Security Guard(s)
 Sign-In/Sign-Out Staff Attends Door Surveillance Camera(s)

Please include a brochure and a printed or typed summary about your program that you would like families to see on your printed profile. This custom information is truly valued by our clients, and may influence their decision as to which referrals to contact first. You may choose to write something about your curriculum, philosophy, schedule, etc. on the lines below, a separate sheet, or on the back of this form.

RETURN COMPLETED FORM TO:

**Children & Families First
Attention: Resource Helpline
2005 Baynard Blvd
Wilmington, DE 19802**

Fax Number: (302) 479-1577

Please call 800-734-2388 if you have any questions:

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