**Child Care Aware of New Hampshire**

**Powered by Southern New Hampshire Services**

Child Care Aware of New Hampshire – Main Office 88 Temple Street, Nashua, NH 03060

Telephone: (603) 578-1386 or 1-855-393-1731 Fax: (603) 578-1736

[www.nh.childcareaware.org](http://www.nh.childcareaware.org) or [www.SNHS.org](http://www.SNHS.org)

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[](http://www.google.com/url?sa=i&rct=j&q=&esrc=s&frm=1&source=images&cd=&cad=rja&uact=8&ved=0CAcQjRw&url=http://365command.com/category/office-365-news-and-updates/&ei=tL6JVYPMHOe6ygPdjZhI&bvm=bv.96339352,d.bGQ&psig=AFQjCNHl7R22SGM3I75PThNvYKF4XuUysw&ust=1435176967854165)Program Information Condensed Update Form

Child Care Aware of NH, a Child Care Resource and Referral program powered by Southern New Hampshire Services, would like you to please take a few moments to complete this form. In order to better serve both providers and families, we need to have up to date and complete information on your program(s). We are requesting that programs submit a copy of their program license so that we can ensure that we have the most accurate information. Please feel free to add any comments or explanations. Remember that you may change any information that we have in our database at any time with just a phone call or an email. We would also appreciate your feedback on our program.

If you have any additional comments in regards to our program, please contact us at 1-855-393-1731. Comments may also be sent via email to [ccrr@snhs.org](mailto:ccrr@snhs.org).

**Please mail, email or fax the completed form and a copy of your Program License to Child Care Aware of NH.**

**Mail to: Email to: Fax to:**

Child Care Aware of NH [ccrr@snhs.org](mailto:ccrr@snhs.org) (603) 578-1736

Attn: Karen Abbott Attn: Karen Abbott Attn: Karen Abbott

88 Temple Street,

Nashua, NH 03060

## Program Information

Director or Site Director/Provider Name: Click here to enter text.

Business Name: Click here to enter text.

**Location:**

Street: Click here to enter text. Unit # Click here to enter text.

City: Click here to enter text. State: Choose an item.

Zip Code: Click here to enter text. County: Click here to enter text.

**Mailing address if different from above:**

Street: Click here to enter text. Unit # Click here to enter text.

City: Click here to enter text. State: Choose an item.

Zip Code: Click here to enter text. + Four Zip Code Click here to enter text.

**Contact Information:**

Primary Phone: Click here to enter text. Ext.: Click here to enter text.

Fax: Click here to enter text.

**PLEASE NOTE:** Currently our newsletter, training calendar, “Monthly Minutes” and “At-A-Glance” editions are sent out via email. To disseminate this information, we will be using the email address you provide below. Thank you in advance for helping us to reduce costs and minimize our carbon footprint. If you do not have internet access or an email account and need a hard copy please contact our office.

Email: Click here to enter text.

Program Website: Click here to enter text.

**Vacancy Information**:

Total Vacancies: Click here to enter text. As of what date? Click here to enter a date.

**Vacancies: (**Check all age groups that have vacancies.)

Evening Full Time Infant

Infant & Toddler Kindergarten Overnight

Part Time Preschool School Age

Toddler Weekend

**Rates:** (For informational and statistical purposes only.)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Age Group:** | **Age Range:** | **Hourly Rate:** | | **Daily Rate:** | | **Weekly Rate:** | | **Monthly Rate:** | |
|  |  | **P/T F/T** | | **P/T F/T** | | **P/T F/T** | | **P/T F/T** | |
| Infant 1 | 0-36 weeks | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Infant 2 | 37 – 52 weeks | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Toddler 1 | 1-2 years | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Toddler 2 | 2-3 years | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Preschool 1 | 3-4 years | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Preschool 2 | 4-5 years | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| School Age 1 | 5-6 years | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| School Age 2 | 6-15 years | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

**Population Information:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Age Group:** | **Age Range:** | **Desired Capacity** | **Licensed Capacity** | **FT Vacancy** | **PT Vacancy** | **Vacancy Date** | **How Many Enrolled** | **Child to Adult Ratio** | **Group Size** |
| Infant 1 | 0-36 weeks | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Infant 2 | 37 – 52 weeks | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Toddler 1 | 1-2 years | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Toddler 2 | 2-3 years | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Preschool 1 | 3-4 years | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Preschool 2 | 4-5 years | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| School Age 1 | 5-6 years | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| School Age 2 | 6-15 years | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

***Technological Access***

**These questions pertain to how you and your program access technology.**

Do you have a computer onsite that staff have access to? Yes No

Do you have Wi-Fi available onsite for staff use? Yes No

When accessing training information electronically what type of device do you use? (Select all that apply):

Computer Tablet/iPad Smart Phone Other

Do not have ability to access electronically

**IS THERE ANY OTHER SPECIAL INFORMATION ABOUT YOUR PROGRAM THAT YOU WOULD LIKE CHILD CARE RESOURCE & REFERRAL TO KNOW AND/OR SHARE WITH FAMILIES?**



Signature of Person Filling Out This Form: Click here to enter text.

Title: Click here to enter text. Date: Click here to enter a date.

I do not want my program listed for referrals on [www.nh.childcareaware.org](http://www.nh.childcareaware.org) Click here to type an e-signature.

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***Thank you for completing the update and for all that you do for NH children and their families!!!***

Child Care Aware of NH is Child Care Resource and Referral program powered by Southern New Hampshire Services. This service is offered under an Agreement with the State of New Hampshire, Department of Health and Human Services, Division of Economic and Housing Stability, Bureau of Child Development and Head Start Collaboration, with funds provided in part or in whole by the State of New Hampshire and United States Department of Health and Human Services.