



# Child Care Request Form

Please complete this form and either email to [childcare@oppco.org](mailto:childcare@oppco.org), fax to Child Care Resource and Referral at 360-671-5096, or mail to:

Child Care Resource & Referral  
Opportunity Council  
1111 Cornwall Avenue, Suite 200  
Bellingham, WA 98225

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**Parent/Guardian Information (all of the information provided is confidential)** Date \_\_\_\_\_

Have you received referrals from us in the past? Yes \_\_\_\_\_ No \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_

Is care needed nearby: Home \_\_\_ Work \_\_\_ School \_\_\_ Relative \_\_\_ Other \_\_\_

Address by which care is needed (if other than above):

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employer \_\_\_\_\_

Do you need a provider accepting child care subsidy payments from: DSHS/CPS \_\_\_\_\_ Other \_\_\_\_\_

How would you like to receive your list of referrals and consumer education packet?

Select **one** of the following: Mailed \_\_\_ Picked up at Opportunity Council \_\_\_ Phoned \_\_\_

Emailed \_\_\_ (email address: \_\_\_\_\_)

Faxed \_\_\_ (fax number: \_\_\_\_\_)

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**Family Information**

Are you the: Mother \_\_\_ Father \_\_\_ Grandparent \_\_\_ Foster Parent \_\_\_ Caseworker \_\_\_

Other, please specify: \_\_\_\_\_

Employment status: \_\_\_\_\_

Family size: \_\_\_\_\_ Number of parents/adults in the home: 1 \_\_\_ 2 or more \_\_\_

Your birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

How did you hear about our service? \_\_\_\_\_

Why do you need child care? \_\_\_\_\_



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Is your monthly income below? \_\_\_ \$2,200 \_\_\_ \$2,766 \_\_\_ \$3,334 \_\_\_ \$3,900  
\_\_\_ \$4,466 \_\_\_ \$5,034 \_\_\_ \$5,600

Do you have health insurance for your child/ren? \_\_\_ yes \_\_\_ no

Do you have dental coverage for your child/ren? \_\_\_ yes \_\_\_ no **Form Continued on Back**

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## Child Information

Type of care preferred: Licensed Child Care Center \_\_\_ Licensed Family Child Care Home \_\_\_

Language Preferred \_\_\_\_\_

Elementary school child attends \_\_\_\_\_ Date care will begin \_\_\_\_\_

Child #1 Gender \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Circle days needed: S M T W H F S Time: From \_\_\_\_\_ to \_\_\_\_\_

Any special needs, schedules (such as before and after school), transportation, or additional services required (such as drop-in care, preschool component, school-age component, etc.)? *Please explain.*

Child #2 Gender \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Circle days needed: S M T W H F S Time: From \_\_\_\_\_ to \_\_\_\_\_

Any special needs, schedules (such as before and after school), transportation, or additional services required (such as drop-in care, preschool component, school-age component, etc.)? *Please explain.*

Child #3 Gender \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Circle days needed: S M T W H F S Time: From \_\_\_\_\_ to \_\_\_\_\_

Any special needs, schedules (such as before and after school), transportation, or additional services required (such as drop-in care, preschool component, school-age component, etc.)? *Please explain.*

Child #4 Gender \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Circle days needed: S M T W H F S Times From \_\_\_\_\_ to \_\_\_\_\_



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Any special needs, schedules (such as before and after school), transportation, or additional services required (such as drop-in care, preschool component, school-age component, etc.)? *Please explain.*

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Thank you for your interest in our services. Child Care Resource and Referral does not charge parents and families fees for child care referrals and consumer education about high-quality child care. We provide parents and families with referrals, not recommendations. A trained Child Care Resource and Referral Coordinator will enter your information (which is kept confidential) into our database, run a search based on your criteria, and generate a customized list of licensed child care providers who meet your family's needs. Feel free to contact us with any questions, comments, or to find out how to choose safe and appropriate child care at 360-734-8396 ext. 227 (Whatcom County) or 888-444-1862 ext. 227 (Island and San Juan Counties), or via email at [childcare@oppco.org](mailto:childcare@oppco.org). ~The Staff at Child Care & Resource and Referral