

Family's Child Care Needs Assessment

Complete the section that applies to your child care needs

Employment status

Employed parent 1: _____

Employer: _____

Employer contact: _____ Phone: _____

Number of hours worked per week: _____ Working hours are from: _____ a.m. to _____ p.m.

Employed parent 2: _____

Employer: _____

Employer contact: _____ Phone: _____

Number of hours worked per week: _____ Working hours are from: _____ a.m. to _____ p.m.

Education status

Parent 1: _____

School: _____

Diploma/degree program: (pursuing AA/BA/BS) _____

Number of class hours per week: _____ Number of credits quarter/semester _____

Child care is required from: _____ a.m. to _____ p.m.

Parent 2: _____

School: _____

Diploma/degree program: _____

Number of class hours per week: _____ Number of credits quarter/semester _____

Child care is required from: _____ a.m. to _____ p.m.

Child care provider 1:

Name of provider: _____

Address of provider: _____

Phone number of provider: _____

Social Security number/license number of provider: _____

Relationship of provider to child(ren) (if not a licensed child care provider): _____

Name of child(ren) care is provided for: _____

Child care provider 2:

Name of provider: _____

Address of provider: _____

Phone number of provider: _____

Social Security number/license number of provider: _____

Relationship of provider to child(ren) (if not a licensed child care provider): _____

Name of child(ren) is care provided for: _____
