

## 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: \_\_\_\_\_

\_\_\_\_\_