



New England Farm Worker's Council Child Care Referral Form

Thank you for choosing the New England Farm Workers' Council to assist you in your search for child care in the Hampden, Hampshire, Berkshire and Franklin Counties of Massachusetts. Finding a quality, affordable child care program takes time and energy. We are here to help you make an informed decision. We help families find child care by giving you referrals (not recommendations) of providers based on the information you give us. Our referral service is free and your information is kept confidential.

You may use this form in two ways:

- Print out this form, complete it and fax it to us at 413.746.9743 or mail it to New England Farm Workers' Council, 1628-1640 Main Street, 2nd Floor, Springfield, MA 01103

Parent's Information

First Name: _____ Last Name: _____

Home Address: _____ Apt. # _____

City: _____ State: _____ Zip Code: _____

Mailing Address (If different from home address): _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: _____ Cell Phone Number: _____

Employer if applicable: _____

Work Phone Number: _____ Ext. _____

School / college if applicable: _____

Fax Number if you wish to receive your referrals by fax: _____

Your Email Address if you wish to receive your referrals by email: _____

Please send my referrals by: by US mail Fax me Email me

Do you have a voucher? Yes No

Do you need Transportation for your child? Yes No

Please note: Transportation is approved only if you do not have a vehicle and/or do not have access to public transportation.

Please Turn Over

Tell us about your child care needs

Child Number One

Name: _____ Date of Birth: _____

Date you need care to start: _____ Drop off time: _____ Pick up time: _____

Check One: Full time care Part time care

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

In what city / town / zip code you are looking for care in? _____

What type of care are you interested in?

Family Child Care Center Based Child Care Part Time Preschool

Before School Care After School Care Summer Camps

Care In Your Home Playgroups Other: _____

For before and after school care only:

What Elementary School does your child attend? _____

Child Number Two

Name: _____ Date of Birth: _____

Date you need care to start: _____ Drop off time: _____ Pick up time: _____

Check One: Full time care Part time care

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

In what city / town / zip code you are looking for care in? _____

What type of care are you interested in?

Family Child Care Center Based Child Care Part Time Preschool

Before School Care After School Care Summer Camps

Care In Your Home Playgroups Other: _____

For before and after school care only:

What Elementary School does your child attend? _____

Child Number Three

Name: _____ Date of Birth: _____

Date you need care to start: _____ Drop off time: _____ Pick up time: _____

Check One: Full time care Part time care

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

In what city / town / zip code you are looking for care in? _____

What type of care are you interested in?

Family Child Care Center Based Child Care Part Time Preschool

Before School Care After School Care Summer Camps

Care In Your Home Playgroups Other: _____

For before and after school care only:

What Elementary School does your child attend? _____

The following questions are optional and your answers are used only for statistical purposes.

What is your family status?

Two parent Single Parent (17 or younger) Single parent (18 or older)

Relative / Family member Foster parent Decline to answer

What is the number of people living in your household? _____

What is your gross yearly family income? _____

What is the primary language spoken in your household? _____

What is your Race ? Asian Black/African American Caucasian Hispanic

American Indian/Alaskan Native Native Hawaiian/Other Pacific Other

