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