Do You Need Child Care?  
The YWCA Can Help!

Are you looking for someone to care for your child(ren) while you work or go to school? Do you need a preschool program where your child can grow and learn? Would you like your child to develop new friendships and practice social interaction? Let us help you with your search for quality care. Fill out this form and mail or fax it back to us, and we’ll send you a list of child care providers in your area.

<table>
<thead>
<tr>
<th>Your Contact Information</th>
<th>Your Family Information</th>
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</thead>
<tbody>
<tr>
<td>Name: ____________________</td>
<td>Your Age: _____ 13-19 Years _____ 20 &amp; Over</td>
</tr>
<tr>
<td>Address: __________________</td>
<td>How many children are in your family? _____</td>
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<tr>
<td>City: ____________________</td>
<td>How many children need care? _____</td>
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<tr>
<td>State: ______ Zip Code: ___________</td>
<td>Is this a one or two parent family? _____</td>
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<tr>
<td>Primary Phone No.: ___________</td>
<td>Where do you work? _____________________</td>
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<tr>
<td>Alternate Phone No.: ___________</td>
<td>Where does the second adult work? __________________________________</td>
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<tr>
<td>Fax No.: ____________________</td>
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<td>Email: ____________________</td>
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<table>
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<th>Your Children</th>
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<tbody>
<tr>
<td>NAME</td>
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Your Child Care Needs
What days of the week do you need care? (Please circle days.) Su, M, T, W, Th, F, Sa
What hours do you need care? From: ______:_____:_____(am/pm) To: ______:_____:_____(am/pm)
What type(s) of care would you like to consider?  _____Center  _____Family Day Care Home
 _____Summer Program  _____Preschool  _____Before/After School Care

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Child Care Resource and Referral
YWCA Metropolitan Chicago
Patterson and McDaniel Family Center
55 East North Avenue, Glendale Heights, IL 60139
Telephone: 630-790-3030  Fax: 630-790-2748
### Additional Child Care Needs

I need a provider that:

- ___ Does not smoke
- ___ Has a non-smoking environment
- ___ Has no pets at all
- ___ Has no dogs
- ___ Has no cats
- ___ Other ____________________

I need special programs:

- ___ Religious content
- ___ Preschool on site
- ___ Kindergarten on site
- ___ Grade school on site
- ___ Other ____________________

### Additional Information

What is your relationship to the child(ren)?

- ___ Mother
- ___ Father
- ___ Relative
- ___ Other ____________________

What is your first language?

- ___ English
- ___ Spanish
- ___ Other ____________________

How did you hear about us?

________________________________________________________________________

How soon do you need child care to start?

________________________________________________________________________

Do you have health insurance for your child?

________________________________________________________________________

### Your Search Criteria

Please search the following cities for my provider:

1. __________________________
2. __________________________
3. __________________________
4. __________________________
5. __________________________
6. __________________________

### Your Reason for Child Care

Why are you looking for child care?

- ___ Employment
- ___ Training/Education
- ___ Relocation
- ___ End of leave of absence
- ___ Extended work hours
- ___ Job travel
- ___ Job schedule change
- ___ Child’s needs
- ___ Parent’s needs
- ___ Special needs
- ___ Dissatisfied with current situation
- ___ No provider
- ___ Other ____________________

______ I need help paying for child care. Please send me an application for the Child Care Assistance Program.