



## 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.

### CHILD CARE REFERRAL FORM

Your Contact Information	Your Family Information
Name: _____	Your Age: ____ 13-19 Years ____ 20 & Over
Address: _____	How many children are in your family? ____
City: _____	How many children need care? ____
State: _____ Zip Code _____	Is this a one or two parent family? ____
Primary Phone No. _____	Where do you work? _____
Alternate Phone No. _____	Where does the second adult work? _____
Fax No. _____	
Email: _____	

Your Children		
NAME	BIRTH DATE	ELEMENTARY SCHOOL
_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____

**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

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

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**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.

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