

CHILD CARE SURVEY

This survey requests information regarding the child care needs for your family. This includes ALL children: those who have no disabilities as well as those with developmental or behavioral needs.

Please check your response:

Which location would be most convenient for you?

Center City Williamsport

South Williamsport

Newberry

Reach Road

Loyalsock

Other _____

What age/ages would you need child care for? (Please indicate how many children in each age group)

Infant (0-1)

Young Toddler (1-2)

Older Toddler (2-3)

Preschool (3-5)

School Age (5-9)

When would you need child care?

First Shift (6:30am-4:00pm)

Second Shift (4:00pm-12:00am)

Third Shift (12:00am-8:00pm)

Other _____

If shift work does not apply, how many hours would you need child care? (Specify number of hours)

Full day _____ Mornings only _____ Afternoons only _____

Evenings _____ Overnight _____

What are your specific needs for your child?

My child is typical (has no disabilities)

My child has developmental disabilities

My child has physical challenges

My child has behavioral challenges

Additional Comments:

The above information is confidential.

Please provide contact information for follow up:

Name_____

E-mail address_____

Day Phone_____Work Phone_____

Send completed survey to:

Hope Enterprises, Inc.

2401 Reach Road

Williamsport, PA 17701

Attn: Early Learning Program

OR

Complete survey online:

www.heionline.org