

Help Us Keep Your Information Current

To help us better serve your program and potential clients when we provide information in referrals to parents, we are asking that you notify us whenever your program experiences changes. When changes occur, the form below can be completed and mailed or faxed to our office, or you may call or e-mail us with changes if you prefer. The more up-to-date our database, the more accurate our referrals will be. Thank you for your assistance.



Date: _____

Center/Home Name: _____

Director Name: _____

Phone Number: _____

DAYS CARE PROVIDED							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start Time							
End Time							

RATES				
Age Group/Age Range	Daily Part-Time	Daily Full-Time	Weekly Part-Time	Weekly Full-Time
Birth to 12 Months				
12 to 24 Months				
2 to 3 Years				
3 to 4 Years				
4 to 5 Years				
5 to 6 Years				
6 Years or Older				

CAPACITY/VACANCY INFORMATION			
Age Group/Age Range	Licensed Capacity	Full-Time Vacancies	Part-Time Vacancies
Birth to 12 Months			
12 to 24 Months			
2 to 3 Years			
3 to 4 Years			
4 to 5 Years			
5 to 6 Years			
6 Years or Older			

I/my staff need training on the following topic: _____

I/my staff would like a technical assistance visit from PADD staff. Yes _____ No _____

Complete and return form to:

PADD/CCR&R
P O Box 588, Mayfield, KY 42066
Phone: 270-247-7171 or 1-877-352-5183
Website: www.purchaseadd.org