



Child Care Professionals

Family Name _____
Home Phone _____
Cell Phone _____
Preferred Phone _____
E-mail address _____
Referral Source _____
Date _____

CHILD CARE REGISTRATION FORM

Positions: FT___(Live in___ Live Out___) PT (ongoing)___ and/or Occasional/Temp. ___

*A non- refundable \$200.00 registration fee will be processed upon receipt of the registration form. The fee includes registration with The Occasional/ Temporary Service for one year. Credit card information is required in order to use Occasional/ Temporary and Full-time Services through **Child Care Professionals, Inc.***

(Please print clearly)

Credit Card: Master Card ___ Visa ___ Name on card: _____
Card number: _____
Expiration date: _____
Billing address: _____

Family Information

Name _____ Office Phone _____ Office Fax _____
(Wife) Occupation _____ Company _____

Name _____ Office Phone _____ Office Fax _____
(Husband) Occupation _____ Company _____

Home Address _____ City/State/Zip Code _____

Cross Street _____ Driving Directions _____

Locality _____

Special/ Behavioral Needs _____

Children: Name _____ DOB _____ M ___ F ___
Name _____ DOB _____ M ___ F ___
Name _____ DOB _____ M ___ F ___

Do you have domestic help? Yes ___ No ___ Do you have pets? Yes ___ No ___ Describe _____

Does either parent work from a home office? Yes ___ No ___ If yes, what percentage of time/wk.? _____

Would you consider a provider that has a young child of their own Yes ___ No ___ May Consider _____

Position Description Starting Date: _____ Ending Date: _____

Days/Wk.: M T W Th Fri. Sat. Sun.
Hours: _____/_____/_____/_____/_____/_____/_____

Expectations of child care provider: _____

Automobile Required: Yes ___ No ___ Non Smoker required: Yes ___ No ___

Education requirement: High school graduate ___ Some college ___ College grad ___ No preference ___

Wage Range (based on 40-50 hrs./wk. Or hourly): _____ per _____ Health benefits avail for FT _____

All information is accurate without omissions of any kind. I understand the placement agreement and my responsibilities with Child Care Professionals, Inc.

Signature: _____ Date: _____

Child Care Professionals, Inc. Phone: (513) 561-4810

Fax Registration and Placement Agreement Forms to: (513) 272-1714 or email to: thoffman@childcareprofessionals.com