

**Wheaton Glen Ellyn Child Care Association**

*Internet Information Collection Form*

*Referral Line 630-668-1123*

The information provided to you about particular child care providers does not imply and is not an endorsement of any particular child care provider by the referral coordinator, Wheaton Glen Ellyn Child Care Association, or any of its officers. The care givers you are told about have not been evaluated, screened, or recommended by the referral coordinator of the WGECCA, or any of its officers.

The information and descriptions given regarding a particular care giver has been provided by the care giver herself. The final decision about your childcare arrangement must be made by you, the parent or guardian. Moreover, the quality of a particular childcare provider must be determined and monitored solely by you, the parent or guardian. Please screen, interview, and visit the provider prior to placing your child in care. We will respond to your request in 1-2 business days.

Date of contact: \_\_\_\_\_

How was contact made? Phone \_\_\_\_\_ Internet \_\_\_\_\_

How did you find WGECCA? Website \_\_\_\_\_ Referred by \_\_\_\_\_ Other \_\_\_\_\_

Parent's Name (s) \_\_\_\_\_

Child/Children Name \_\_\_\_\_

Address \_\_\_\_\_

Work Location \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Fax \_\_\_\_\_ Email: \_\_\_\_\_

Are you pet friendly: \_\_yes \_\_no

Do you receive child care assistance? Yes \_\_ No\_\_

Care Needed:

Age (s) \_\_\_\_\_ Part time \_\_\_\_\_ M T W Th F/ Part time ½ days \_\_\_\_\_ OR Full time \_\_\_\_\_

Hours \_\_\_\_\_ Year round \_\_\_\_\_ Before/After school \_\_\_\_\_ Summer only \_\_

When is placement needed by? \_\_\_\_\_

Has the child/children been in childcare before? Yes\_\_ No\_\_

Currently, what care do you use? Center Care\_\_ Family Child Care\_\_ Relative\_\_ Maternity leave  
\_\_None\_\_

Preferred Group Size: \_\_\_\_\_

Special Needs or Requests: \_\_\_\_\_

Any other information? \_\_\_\_\_

What is your preferred method to receive the referrals?

Phone call: \_\_\_\_\_ Cell Number: \_\_\_\_\_ E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

***Please fill out this form and return to our Referral Secretary.  
Annette Cail, 4440 Basswood Drive, Lisle, IL 60532 or email: arcail@comcast.net***