



Child Care Referral Form

Please complete and email to referral@childcarecouncil.com , phone: 585-654-4720 , website: www.childcarecouncil.com

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Email: _____

Phone #: _____

Employer: _____

Family Composition: (number of adults) _____

School District: _____

Parent's Age: _____

Using child care subsidy:

Reason for needing childcare:

Days/hours child care needed: Days: _____ Hours: _____

Transportation needed:

Child Name: _____

Date of Birth: _____

Special Needs: If yes, what are the child's needs? _____

Medication requirements while in child care:

Child Name: _____

Date of Birth: _____

Special Needs: If yes, what are the child's needs? _____

Medication requirements while in child care:

Child Name: _____

Date of Birth: _____

Special Needs: If yes, what are the child's needs? _____

Medication requirements while in child care:

Additional children/comments: _____