



CHILDREN'S RESOURCE & REFERRAL
OF SANTA BARBARA COUNTY
705 East Main Street, Suite 106
Santa Maria, CA 93454-4500
Phone: 805.925.1989
Fax: 805.925.2084

Client Data

General Information:

First Name: _____ Last Name: _____

Phone Number: (_____) _____

Employer Name: _____ Phone Number: (_____) _____

Preferred Location for child care: _____

City: _____ Zip: _____

Second Choice: _____

City: _____ Zip: _____

Child Information:

Age of child by date needing care:

Child 1: _____ Years _____ Months **Days Needed:** Mon Tue Wed Thu
 Fri Sat Sun

Child 2: _____ Years _____ Months **Days Needed:** Mon Tue Wed Thu
 Fri Sat Sun

Child 3: _____ Years _____ Months **Days Needed:** Mon Tue Wed Thu
 Fri Sat Sun

Child 4: _____ Years _____ Months **Days Needed:** Mon Tue Wed Thu
 Fri Sat Sun

Date child's care needs to start: _____

Hours Needed: Start time: _____ AM PM

End time: _____ AM PM

Type of Care: Child Care Center Family Child Care
Additional Options: Accredited Program Steps to Quality Program First 5 Quality Counts

Extra Care Services: 24-Hour Drop In Before School After School Temp/Emergency

Provider's Language:

English Spanish Other _____

Does your child have special needs? Yes No

Does your child have an IEP or an IFSP? Explain: _____

Reason for seeking care: Employment Enrichment or development Alternate or back-up care
 Other parental needs School Other

Best way to contact parent:

Phone (_____) _____ - _____

E-mail _____

Children's Resource & Referral Program (R&R) provides information about providers as it is available for you to make a choice, but does not make recommendations. The choice of your child's care is your responsibility.