

# BEFORE AND AFTER CARE NEEDS ASSESSMENT

Child Care Center Name: CALVARY BAPTIST PRESCHOOL

CHILD'S NAME: \_\_\_\_\_

PARENT'S NAME: \_\_\_\_\_

## CHECK ALL THAT APPLY

I am presently:

- Working
- Attending School
- Participating in a training program leading to employment

## CHECK ONE

- I want and need child care services before and after the Abbott Preschool Program during the school calendar year from September through June.

Is there anything you want to tell us about your child care needs during the school year?

\_\_\_\_\_  
\_\_\_\_\_

- I do not want or need child care services before and after the Abbott Preschool Program during the school calendar year from September through June. Please check all the reasons that apply

- I stay home with my child(ren)
- Relatives take care of my child(ren)
- Friends or neighbors take care of my child(ren)
- My older child(ren) take care of my younger child(ren)
- My child(ren) stay home without an adult
- Other: \_\_\_\_\_

## CHECK ONE

- I want and need child care services when the public school is closed for Summer in July and August.

Is there anything you want to tell us about your child care needs during the summer months?

\_\_\_\_\_  
\_\_\_\_\_

- I do not want or need child care services when the public school is closed for summer in July and August. Please check all the reasons that apply.

- I stay home with my child(ren)
- Relatives take care of my child(ren)
- Friends or neighbors take care of my child(ren)
- My older child(ren) take care of my younger child(ren)
- My child(ren) stay home without an adult
- We use this time during the summer to spend family time together, for vacation, or to visit with relatives
- Other: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_