

Naples Alliance for Children 2008 Resource Directory Information

Information obtained for the NAFC directory will never be distributed to others without prior permission.

NAFC RESOURCE DIRECTORY APPLICATION – Child Care Providers

PLEASE PROVIDE COMPLETE INFORMATION FOR YOUR CENTER OR AFTERSCHOOL PROGRAM. MAKE ANY CORRECTIONS/ADDITIONS NECESSARY TO 2007 LISTING AND RETURN TO OUR ADDRESS NO LATER THAN NOVEMBER 30, 2007. IF THERE ARE NO CHANGES, PLEASE NOTE.

Please **PRINT** of **TYPE** (Use additional paper if necessary)

Name of Center _____

Name of Owner _____

Director: _____

Address _____

City _____ State _____ Zip _____

Phone Number(s) _____ Fax _____ E-mail _____

Internet Home Page http:// _____

Florida State License # _____ Other # _____ Licensing Group _____

Open Year Round: yes ___ no ___ Hours: _____

Transportation: yes ___ no ___ Food Provided: _____

Ages: _____ Capacity: _____

Fees: _____

Programs Provided:

Eligibility requirements (if any):

Additional Information

Circle ALL ages served: **Infants** **Children** **Teens** **Adults** **All**

PLEASE CHECK ONLY PRIMARY SERVICES

Note: If you offer counseling services please check the appropriate area served

- | | | |
|--|---|--|
| <input type="checkbox"/> Abuse/Neglect | <input type="checkbox"/> Energy Assistance | <input type="checkbox"/> Organizations |
| <input type="checkbox"/> Activities/Attractions | <input type="checkbox"/> Family issues | <input type="checkbox"/> Poverty/Low Income |
| <input type="checkbox"/> Adoption/Foster Care | <input type="checkbox"/> Financial | <input type="checkbox"/> Pregnancy |
| <input type="checkbox"/> After School (Non-School Hour Care) | <input type="checkbox"/> Food/Clothing Assistance | <input type="checkbox"/> Rape |
| <input type="checkbox"/> Business/Employment | <input type="checkbox"/> Foundations | <input type="checkbox"/> Respite Care |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Government | <input type="checkbox"/> Safety/Security |
| <input type="checkbox"/> Court-Related | <input type="checkbox"/> Health (Physical) | <input type="checkbox"/> Senior Issues |
| <input type="checkbox"/> Death & Dying | <input type="checkbox"/> Health (Mental) | <input type="checkbox"/> Substance Abuse (Drugs/Alcohol/Tobacco) |
| <input type="checkbox"/> Dental | <input type="checkbox"/> Homeless | <input type="checkbox"/> Suicide |
| <input type="checkbox"/> Disabilities: Developmental | <input type="checkbox"/> Hospitals/Clinics | <input type="checkbox"/> Teens |
| <input type="checkbox"/> Disabilities: Neurological | <input type="checkbox"/> Housing | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Disabilities: Physical | <input type="checkbox"/> Human Trafficking | <input type="checkbox"/> Utilities |
| <input type="checkbox"/> Disaster/Hurricane | <input type="checkbox"/> Insurance | <input type="checkbox"/> Violence |
| <input type="checkbox"/> Divorce/Separation | <input type="checkbox"/> Kinship Care | <input type="checkbox"/> OTHER: |
| <input type="checkbox"/> Education: Early Childhood | <input type="checkbox"/> Legal | _____ |
| <input type="checkbox"/> Education: Parent | <input type="checkbox"/> Libraries | |
| <input type="checkbox"/> Education: Private | <input type="checkbox"/> Literacy | |
| <input type="checkbox"/> Education: Public | <input type="checkbox"/> Mentoring | |
| <input type="checkbox"/> Education: Vocational | <input type="checkbox"/> Media | |
| <input type="checkbox"/> Emergency Assistance | <input type="checkbox"/> Missing Children | |