



NORTHWEST PRIVATE INDUSTRY COUNCIL CHILD CARE QUESTIONNAIRE

NAME: _____

1. Do you have any children under 18 living in your household? YES NO

If you answered **YES** to the above question, please complete the following information about each child in your household in need of daycare.

If you answered **NO** to the above question, please sign and date this form at the bottom of the reverse page.

CHILD NAME	AGE

2. Do you currently receive financial assistance for child care: YES NO

If you answered **YES** to the above question, please complete the following section:

If you answered **NO** to the above question, please sign and date this form at the bottom of the reverse page.

AGENCY NAME	RATE/HOUR	WEEKLY RATE

(OVER)

3. Please provide the following information about your child care costs:

CHILD NAME	RATE/HR	HRS/WEEK	\$ TOTAL

4. Please provide the following information about your child care provider.

NAME _____

ADDRESS _____

PHONE _____

5. Is there any additional information you would like to provide about your child care situation?

Client Signature

Date