



Mackay  
**Family  
Day Care**

## CARE PREFERENCES

**Educator Name:** ..... **Date:** .....

Number of children you are able to care for: .....

Minimum Age: ..... Maximum Age: .....

Types of care preferred: Full Time  Part Time:  Both

Overnight Care  Evening Care  Weekend Care

Before School  After School

Are you willing to offer school drop offs and pickups? YES  NO

If yes, which schools?

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**Operating Hours** – Please indicate your daily start and finish times.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM	AM	AM	AM	AM	AM	AM
PM	PM	PM	PM	PM	PM	PM