



Mackay  
**Family  
 Day Care**

## CARE PREFERENCES

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

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

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

Types of non-standard care offered:  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?  
 .....  
 .....

**Operating Hours** – Please indicate your preferred hours of operation.

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