

BUSINESS PLAN

NAME OF PARTIAL CARE FACILITY:

Business Plan

1. Identifying particulars:

Name of partial care facility:

Physical address:

Postal address:

Telephone number/s (home): _____
(mobile): _____

Name of contact person/s:

Telephone number/s of contact person (if different):

2. Aims and objectives of the partial care facility/programme (e.g. why was the programme started, target areas, target groups, etc.)

3. Days of operation:

4. Hours of operation:

5. Fee structure: Full day: _____
Half day: _____

Night care: _____

6. Staff composition:

7. Day care plan/structure of the day care programme:

8. Disciplinary policy/procedure:

9. Additional information:

Name and surname: _____

Signature: _____

Capacity: _____

Date: _____