



APPLICATION Licensed Child Care Programs

Directions: Complete the application by entering information into every field. Leave no blank fields. Use “zero” or “n/a” when appropriate. All applications must be accompanied by a signed Participation Agreement. Only complete applications will be processed. For assistance, call 888.291.9811 or visit ParentAware.org/providers/join-us to find your local contact.

Name of Program:		
Type of Program: <input type="checkbox"/> Family Child Care Program (FCC) <input type="checkbox"/> Center Child Care Program (CCC)		
DHS License Number: _____ OR Tribal License Number*: _____ <i>*If tribally licensed, please include a copy of your tribal license.</i>		
Program Address:		Phone:
City:	ZIP Code:	County:
Mailing Address (if different):		Phone:
City:	ZIP Code:	County:
Primary Contact First and Last Name:		
Primary Contact Email:		
Is the program currently accredited by a national accrediting body? <input type="checkbox"/> No <input type="checkbox"/> Yes		
If Yes, Name of Accreditation: _____		
Is the program currently Rated as part of a Head Start, or Early Head Start-Child Care Partnership or school district partnership? <input type="checkbox"/> No <input type="checkbox"/> Yes		
If Yes, Name of Head Start, Early Head Start or school district program: _____		
1. What days of the week and times of day is your program open? (Select all that apply)		
<input type="checkbox"/> Part day (less than 5 hours per day) <input type="checkbox"/> Full week (5 or more days per week)		
<input type="checkbox"/> Full day (5 or more hours per day) <input type="checkbox"/> Evenings (after 7pm)		
<input type="checkbox"/> Part week (less than 5 days per week) <input type="checkbox"/> Weekends (Saturday and/or Sunday)		
2. What part of the year is your program open and serving children? (Please choose one answer that fits best)		
<input type="checkbox"/> Full calendar year		
<input type="checkbox"/> School year only (typically September-May)		
<input type="checkbox"/> Summer only		
3. If your program closes (is not serving children) for two or more consecutive weeks at any time during the year, please describe below when your program is closed. Please be as specific as possible.		
This program is closed during the following timeframe each year:		

For Child Care Centers Only

Total number of classrooms: _____

Children served in the program by age group:

	Infants	Toddlers	Preschoolers	School-Age*
For FCC Programs:	6 weeks-11 months	12-23 months	24 months-Kinder. entry	Kindergarten-10 yrs.
For CCC Programs:	6 weeks-15 months	16-32 months	33 months-Kinder. entry	Kindergarten-12 yrs.

Total number by age group:	Number of infants:	Number of toddlers:	Number of preschoolers:	Number of school-age* children:
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Number of children served program-wide*: _____

Of these children, the number who are*:

American Indian/Alaskan Native _____ Asian/Pacific Islander _____ Black/African American _____

Hispanic/Latino _____ Bi/Multi-Race _____ White _____

Of these children, the number who speak English as a second language*: _____

Indicate below how many children currently enrolled in the program meet the definition of High Needs, defined by children from birth to kindergarten entry who are from low-income families (at or below 200% poverty rate) or otherwise in need of special assistance and support, including children with disabilities or developmental delays, who are English language learners, who reside on "Indian lands," who are migrant, homeless, or in foster care.

Total number of children who meet High Needs criteria above:	Number of infants who meet the criteria:	Number of toddlers who meet the criteria:	Number of preschoolers who meet the criteria:	Number of school-age* children who meet the criteria above:
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Does any portion of the program operate bilingually or in a language other than English? No Yes

If yes, which language(s): _____

Would the program like to receive language interpretation services? No Yes

If yes, for which language(s) would your program like services: _____

Which Rating Pathway is the program interested in pursuing?

Full-Rating with Building Quality Full-Rating Accelerated Expedited

**For data collection purposes only*

X _____
Authorized Program Representative Signature

Date