



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.

Which Rating Pathway is the program interested in pursuing?		
<input type="checkbox"/> Full-Rating with Building Quality	<input type="checkbox"/> Full-Rating	
<input type="checkbox"/> Accelerated	<input type="checkbox"/> Expedited	
Name of Program:		
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		

Total number of classrooms/groups: _____				
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:

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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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*: _____

**For data collection purposes only*

1. What days of the week and times of day is your program open? (Select all that apply)

- Part day (less than 5 hours per day) Full week (5 or more days per week)
 Full day (5 or more hours per day) Part week (less than 5 days per week)
 Evenings (after 7 p.m.) 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)

- Full calendar year
 School year only (typically September-May)
 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:

To receive coaching and advising services in your preferred language, please indicate the primary language used in your program: _____

X

OWNER OR DIRECTOR SIGNATURE

DATE