

Child Care Program Intent to Apply

(Applications are accepted between August 1st and September 1st. Programs will be notified of application status by September 30th.)

Child Care Center Name:

Director:

Center Address:

Center Address:

City/Zip Code:

Center E-mail:

Center Telephone Number:

(If your program closes over the summer, please include alternate contact information where you can be reached during that time.)

Total Number of Families Served:

Total Number of Children Served:

Total Number of Staff:

Program Description

Please state why your program is interested in being an SFI program.

RESOURCES

Program Description Continued...

Ages Served:

(Please provide the age breakdown of the children served by the program. Estimate/enter the percent to the nearest whole number for each age group. Total must equal 100.) To the best of your knowledge please provide the following information.

- % Infants (18 months and under)
- % Toddlers (18 – 36 months)
- % Preschool (3-4 years)
- % School Age (5 years and older)

Accredited :

(Please identify the accreditation status of your program.)

- Amer. Montessori Society expiration date:
- Nat'l Afterschool Assoc. (NAA) expiration date:
- Nat'l Assoc. for Family Child Care (NAFCC) expiration date:
- Nat'l Assoc. for the Ed. Of Young Children (NAEYC) expiration date:
- Nat'l Assoc. of Child Care Professionals (NACCP) expiration date:
- Nat'l Early Childhood Prgm Accred (NECPA) expiration date:
- Middle States Assoc. of Colleges & Schools expiration date:
- Amer. Camping Assoc. (ACA) expiration date:
- Assoc. of Christian Schools Int'l (ACSI) expiration date:
- Other expiration date:

Location:

(Please indicate if your program is physically located in one of the following towns.)

- Dover
- Mt. Olive
- Wharton
- Rockaway

Schedule Type:

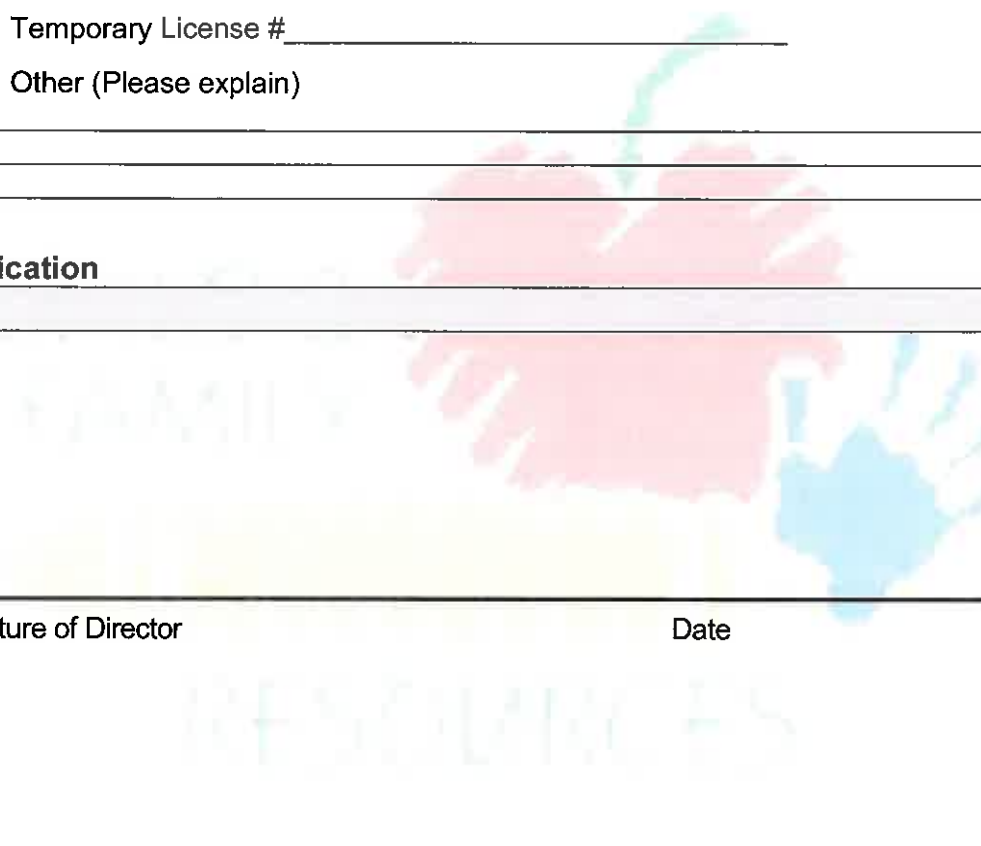
(Please indicate the operating schedule for your program.)

- Full-Time
- Part-Time
- Both

Licensing Status:

- Permanent License # _____
- Temporary License # _____
- Other (Please explain)

Certification

| | |
|---|------|
|  | |
| Signature of Director | Date |

