



# 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. Only complete applications will be processed. For assistance, call 888.291.9811 or visit [ParentAware.org/providers/join-us](http://ParentAware.org/providers/join-us) to find your local contact.

<b>Name of Program (exactly as it appears on the child care license):</b>		
<b>Type of Program:</b> <input type="checkbox"/> Family Child Care Program (FCC) <input type="checkbox"/> Center Child Care Program (CCC)		
<b>DHS License number:</b> _____ <b>OR</b> <b>Tribal License number*:</b> _____ <i>*If tribally licensed, please include a copy of your tribal license.</i>		
<b>Primary Contact First and Last Name :</b>		<b>Organization ID#:</b> _____ For more information visit <a href="http://www.developoolmn.org">www.developoolmn.org</a>
<b>Program address:</b>		<b>Phone:</b>
<b>City:</b>	<b>ZIP code:</b>	<b>County:</b>
<b>Mailing address (if different):</b>		<b>Phone:</b>
<b>City:</b>	<b>ZIP code:</b>	<b>County:</b>
<b>Primary Contact email:</b>		
<b>Is the program currently accredited?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <b>If Yes, Name of Accreditation:</b>		
<b>Is the program currently rated as part of a Head Start or school district partnership?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes		
<b>If Yes, Name of Head Start or school district program:</b>		
<b>1. When is your program open and serving children? (Please choose one answer that fits best.)</b> <input type="checkbox"/> Full calendar year <input type="checkbox"/> School year only (typically September-May) <input type="checkbox"/> Summer only		
<b>2. 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.</b>  This program is closed during the following timeframe each year:		
<b>How did you hear about Parent Aware? (Check all that apply.)</b> <input type="checkbox"/> Child Care Aware meetings or trainings <input type="checkbox"/> Professional Association (MNAEYC) <input type="checkbox"/> Other _____ <input type="checkbox"/> Child Care Aware recruiter/staff <input type="checkbox"/> Peer/fellow provider <input type="checkbox"/> Newsletter or training catalog <input type="checkbox"/> Online		
<b>Have you attended a Parent Aware Information Session?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes		

**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 are speak English as a second language:** \_\_\_\_\_

**Children served in the program by age group**

	<b>Infants</b>	<b>Toddlers</b>	<b>Preschoolers</b>	<b>School-Age*</b>
<b>For FCC Programs</b>	6 weeks-11 months	12-23 months	24 months-Kinder. entry	Kindergarten-10 yrs.
<b>For CCC Programs</b>	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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**Indicate below how many of 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 the 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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**For Child Care Centers Only**  
**Total number of classrooms:** \_\_\_\_\_

**Does any portion of the program operate bilingually or in a language other than English?**  No  Yes  
 If yes, share language(s): \_\_\_\_\_

**Would the program like language interpretation services?**  No  Yes  
 If yes, for which language(s) would you like service: \_\_\_\_\_

**Which pathway to Rating is the program interested in pursuing?**  
 Full-Rating with Building Quality  Full-Rating  Accelerated Rating  Expedited Rating

*\*For data collection purposes only*

X \_\_\_\_\_  
 Authorized Program Representative Signature

\_\_\_\_\_  
 Date