



## SCHOOL READINESS CHILD CARE PROVIDER APPLICATION 2011-2012

### APPLICANT CONTACT INFORMATION

**Application:**

- New Application
- Updated application
- Annual Renewal

**Facility Type:** (check one)

- Licensed Child Care Facility or Public School program
- Religious Exempt Child Care Facility
- Large Family Child Care Home
- Licensed Family Child Care Home
- Registered Family Child Care Home
- Informal provider
- Private School     Public School     Charter School

**Director:**

Name of Provider, Corporation or School:		
Business Name (doing business as):		
Phone:	Fax:	E-mail:
Physical Address:		County:
City:		Zip Code:
Mailing address (if different):		Zip Code:
Director:		Employer ID number or SS#:
Ages Served:	Capacity:	DCF license or name of accrediting agency if religious exempt:

### OWNERSHIP INFORMATION

Legal Owner:		
Address:	City:	ZIP Code:
Telephone:	Fax:	E-mail:

### FACILITY

<p>Days of Operation - Check all that apply:</p> <p><input type="checkbox"/> Monday            <input type="checkbox"/> Friday</p> <p><input type="checkbox"/> Tuesday            <input type="checkbox"/> Saturday</p> <p><input type="checkbox"/> Wednesday        <input type="checkbox"/> Sunday</p> <p><input type="checkbox"/> Thursday</p> <p>Daily Opening Time _____ <input type="checkbox"/> AM _____ <input type="checkbox"/> PM</p> <p>Daily closing time _____ <input type="checkbox"/> AM _____ <input type="checkbox"/> PM</p> <p>Describe the facility's method of capturing the sign in/sign out process:</p>	<p>Additional Services:</p> <p><input type="checkbox"/> Full day            <input type="checkbox"/> Weekend Care</p> <p><input type="checkbox"/> Half day            <input type="checkbox"/> Night care</p> <p><input type="checkbox"/> Drop in care        <input type="checkbox"/> Infant care (0-12 mos)</p> <p><input type="checkbox"/> Part time care      <input type="checkbox"/> Toddler (13 - 36 mos)</p> <p><input type="checkbox"/> Before School      <input type="checkbox"/> Transportation</p> <p><input type="checkbox"/> After School        <input type="checkbox"/> Food served</p> <p>VPK provider: <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>Specialized Program types:</p> <p><input type="checkbox"/> Head Start        <input type="checkbox"/> Charter School</p>
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**Section 1****For Family Child Care Homes: Please identify name of substitute:****CURRICULUM**

Name each developmentally appropriate curriculum used in your programs.	Name of Publisher (unless curriculum designed by the provider or school)	Check if curriculum designed by provider.
A.		<input type="checkbox"/>
B.		<input type="checkbox"/>

Does your curriculum include a character development plan?      Yes  No

If no, describe how you address character development:

**Section 2****Gold Seal Accreditation Information:**
 Yes – I am gold seal accredited.  
 Expiration date:

Name of Gold Seal accrediting agency:

 No – I am NOT gold seal accredited. I'd like more information on how to get accredited.**Section 3****CERTIFICATION**

I certify that:

- I may not discriminate against a parent or child, including the refusal to admit a child for enrollment on the grounds of race, religion, color, ethnicity or national origin.
- I understand that in order to receive school readiness funding, I must either be licensed or legally exempt from licensure pursuant to Chapter 402.302 – 319, Florida Statutes.
  - Developmentally appropriate;
  - Have a character development plan
  - Are designed to prepare students for early literacy;
  - Enhance the age-appropriate progress of students in attaining the performance standards adopted by the Agency for Workforce Innovation and the Department of Education;
  - Prepare students to be ready for school.
- I understand that I must maintain a healthy and safe environment for children.
- I understand that I must allow access to any parent of a child I have in care.
- I understand that I will be required to sign and comply with the School Readiness Provider Agreement.
- I understand that I will be monitored for compliance by coalition designated staff.
- I have examined this application and, to the best of my knowledge and belief, the information provided is true and correct.
- If any of this information changes, I understand that I must submit an updated application that reflects the changes.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Please check if applicable  Owner  Director  Principal  School District Staff  Other