

## Program Information

<b>Is this an application for multiple sites?</b>	<input type="checkbox"/> Yes (Complete a form for each site.) <input type="checkbox"/> No
<b>Name of Site on License</b>	
<b>Director Name</b>	
<b>Facility Address</b>	
<b>Year Licensed</b>	
<b>License/Registration Number</b>	
<b>Days and Hours of Operations</b>	
<b>Contact Person (if someone other than the director)</b>	
<b>Contact's Title</b>	
<b>Contact's Phone Number</b>	
<b>Contact's Email</b>	
<b>Total # of Staff</b> (Full and Part-time)	
<b>Type of Facility</b> (Check all that apply)	<input type="checkbox"/> Family Home <input type="checkbox"/> Large Family home <input type="checkbox"/> Center <input type="checkbox"/> Early Head Start/Head Start <input type="checkbox"/> VPK <input type="checkbox"/> Other (please be specific) _____
<b>Does the facility serve meals or snacks?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Age Range of Children Served</b> (Check all that apply)	<input type="checkbox"/> Infants (0 thru 11 months) <input type="checkbox"/> Toddlers (12 months thru 3 years) <input type="checkbox"/> Preschoolers (4 years thru 5 years)
<b>Number of Children Currently Served</b>	Infants (0 thru 11 months) _____ Toddlers (12 months thru 3 years) _____ Preschoolers (4 years thru 5 years) _____

## Program Information

<b>Is this an application for multiple sites?</b>	<input type="checkbox"/> Yes (Complete a form for each site.) <input type="checkbox"/> No
<b>Name of Site on License</b>	
<b>Director Name</b>	
<b>Facility Address</b>	
<b>Year Licensed</b>	
<b>License/Registration Number</b>	
<b>Days and Hours of Operations</b>	
<b>Contact Person (if someone other than the director)</b>	
<b>Contact's Title</b>	
<b>Contact's Phone Number</b>	
<b>Contact's Email</b>	
<b>Total # of Staff</b> (Full and Part-time)	
<b>Type of Facility</b> (Check all that apply)	<input type="checkbox"/> Family Home <input type="checkbox"/> Large Family home <input type="checkbox"/> Center <input type="checkbox"/> Early Head Start/Head Start <input type="checkbox"/> VPK <input type="checkbox"/> Other (please be specific) _____
<b>Does the facility serve meals or snacks?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Age Range of Children Served</b> (Check all that apply)	<input type="checkbox"/> Infants (0 thru 11 months) <input type="checkbox"/> Toddlers (12 months thru 3 years) <input type="checkbox"/> Preschoolers (4 years thru 5 years)
<b>Number of Children Currently Served</b>	Infants (0 thru 11 months) _____ Toddlers (12 months thru 3 years) _____ Preschoolers (4 years thru 5 years) _____

## Program Information

<b>Is this an application for multiple sites?</b>	<input type="checkbox"/> Yes (Complete a form for each site.) <input type="checkbox"/> No
<b>Name of Site on License</b>	
<b>Director Name</b>	
<b>Facility Address</b>	
<b>Year Licensed</b>	
<b>License/Registration Number</b>	
<b>Days and Hours of Operations</b>	
<b>Contact Person (if someone other than the director)</b>	
<b>Contact's Title</b>	
<b>Contact's Phone Number</b>	
<b>Contact's Email</b>	
<b>Total # of Staff</b> (Full and Part-time)	
<b>Type of Facility</b> (Check all that apply)	<input type="checkbox"/> Family Home <input type="checkbox"/> Large Family home <input type="checkbox"/> Center <input type="checkbox"/> Early Head Start/Head Start <input type="checkbox"/> VPK <input type="checkbox"/> Other (please be specific) _____
<b>Does the facility serve meals or snacks?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Age Range of Children Served</b> (Check all that apply)	<input type="checkbox"/> Infants (0 thru 11 months) <input type="checkbox"/> Toddlers (12 months thru 3 years) <input type="checkbox"/> Preschoolers (4 years thru 5 years)
<b>Number of Children Currently Served</b>	Infants (0 thru 11 months) _____ Toddlers (12 months thru 3 years) _____ Preschoolers (4 years thru 5 years) _____

## Program Information

<b>Is this an application for multiple sites?</b>	<input type="checkbox"/> Yes (Complete a form for each site.) <input type="checkbox"/> No
<b>Name of Site on License</b>	
<b>Director Name</b>	
<b>Facility Address</b>	
<b>Year Licensed</b>	
<b>License/Registration Number</b>	
<b>Days and Hours of Operations</b>	
<b>Contact Person (if someone other than the director)</b>	
<b>Contact's Title</b>	
<b>Contact's Phone Number</b>	
<b>Contact's Email</b>	
<b>Total # of Staff</b> (Full and Part-time)	
<b>Type of Facility</b> (Check all that apply)	<input type="checkbox"/> Family Home <input type="checkbox"/> Large Family home <input type="checkbox"/> Center <input type="checkbox"/> Early Head Start/Head Start <input type="checkbox"/> VPK <input type="checkbox"/> Other (please be specific) _____
<b>Does the facility serve meals or snacks?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Age Range of Children Served</b> (Check all that apply)	<input type="checkbox"/> Infants (0 thru 11 months) <input type="checkbox"/> Toddlers (12 months thru 3 years) <input type="checkbox"/> Preschoolers (4 years thru 5 years)
<b>Number of Children Currently Served</b>	Infants (0 thru 11 months) _____ Toddlers (12 months thru 3 years) _____ Preschoolers (4 years thru 5 years) _____

## Program Information

<b>Is this an application for multiple sites?</b>	<input type="checkbox"/> Yes (Complete a form for each site.) <input type="checkbox"/> No
<b>Name of Site on License</b>	
<b>Director Name</b>	
<b>Facility Address</b>	
<b>Year Licensed</b>	
<b>License/Registration Number</b>	
<b>Days and Hours of Operations</b>	
<b>Contact Person (if someone other than the director)</b>	
<b>Contact's Title</b>	
<b>Contact's Phone Number</b>	
<b>Contact's Email</b>	
<b>Total # of Staff</b> (Full and Part-time)	
<b>Type of Facility</b> (Check all that apply)	<input type="checkbox"/> Family Home <input type="checkbox"/> Large Family home <input type="checkbox"/> Center <input type="checkbox"/> Early Head Start/Head Start <input type="checkbox"/> VPK <input type="checkbox"/> Other (please be specific) _____
<b>Does the facility serve meals or snacks?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Age Range of Children Served</b> (Check all that apply)	<input type="checkbox"/> Infants (0 thru 11 months) <input type="checkbox"/> Toddlers (12 months thru 3 years) <input type="checkbox"/> Preschoolers (4 years thru 5 years)
<b>Number of Children Currently Served</b>	Infants (0 thru 11 months) _____ Toddlers (12 months thru 3 years) _____ Preschoolers (4 years thru 5 years) _____

## Program Information

<b>Is this an application for multiple sites?</b>	<input type="checkbox"/> Yes (Complete a form for each site.) <input type="checkbox"/> No
<b>Name of Site on License</b>	
<b>Director Name</b>	
<b>Facility Address</b>	
<b>Year Licensed</b>	
<b>License/Registration Number</b>	
<b>Days and Hours of Operations</b>	
<b>Contact Person (if someone other than the director)</b>	
<b>Contact's Title</b>	
<b>Contact's Phone Number</b>	
<b>Contact's Email</b>	
<b>Total # of Staff</b> (Full and Part-time)	
<b>Type of Facility</b> (Check all that apply)	<input type="checkbox"/> Family Home <input type="checkbox"/> Large Family home <input type="checkbox"/> Center <input type="checkbox"/> Early Head Start/Head Start <input type="checkbox"/> VPK <input type="checkbox"/> Other (please be specific) _____
<b>Does the facility serve meals or snacks?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Age Range of Children Served</b> (Check all that apply)	<input type="checkbox"/> Infants (0 thru 11 months) <input type="checkbox"/> Toddlers (12 months thru 3 years) <input type="checkbox"/> Preschoolers (4 years thru 5 years)
<b>Number of Children Currently Served</b>	Infants (0 thru 11 months) _____ Toddlers (12 months thru 3 years) _____ Preschoolers (4 years thru 5 years) _____

## Program Information

<b>Is this an application for multiple sites?</b>	<input type="checkbox"/> Yes (Complete a form for each site.) <input type="checkbox"/> No
<b>Name of Site on License</b>	
<b>Director Name</b>	
<b>Facility Address</b>	
<b>Year Licensed</b>	
<b>License/Registration Number</b>	
<b>Days and Hours of Operations</b>	
<b>Contact Person (if someone other than the director)</b>	
<b>Contact's Title</b>	
<b>Contact's Phone Number</b>	
<b>Contact's Email</b>	
<b>Total # of Staff</b> (Full and Part-time)	
<b>Type of Facility</b> (Check all that apply)	<input type="checkbox"/> Family Home <input type="checkbox"/> Large Family home <input type="checkbox"/> Center <input type="checkbox"/> Early Head Start/Head Start <input type="checkbox"/> VPK <input type="checkbox"/> Other (please be specific) _____
<b>Does the facility serve meals or snacks?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Age Range of Children Served</b> (Check all that apply)	<input type="checkbox"/> Infants (0 thru 11 months) <input type="checkbox"/> Toddlers (12 months thru 3 years) <input type="checkbox"/> Preschoolers (4 years thru 5 years)
<b>Number of Children Currently Served</b>	Infants (0 thru 11 months) _____ Toddlers (12 months thru 3 years) _____ Preschoolers (4 years thru 5 years) _____

## Program Information

<b>Is this an application for multiple sites?</b>	<input type="checkbox"/> Yes (Complete a form for each site.) <input type="checkbox"/> No
<b>Name of Site on License</b>	
<b>Director Name</b>	
<b>Facility Address</b>	
<b>Year Licensed</b>	
<b>License/Registration Number</b>	
<b>Days and Hours of Operations</b>	
<b>Contact Person (if someone other than the director)</b>	
<b>Contact's Title</b>	
<b>Contact's Phone Number</b>	
<b>Contact's Email</b>	
<b>Total # of Staff</b> (Full and Part-time)	
<b>Type of Facility</b> (Check all that apply)	<input type="checkbox"/> Family Home <input type="checkbox"/> Large Family home <input type="checkbox"/> Center <input type="checkbox"/> Early Head Start/Head Start <input type="checkbox"/> VPK <input type="checkbox"/> Other (please be specific) _____
<b>Does the facility serve meals or snacks?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Age Range of Children Served</b> (Check all that apply)	<input type="checkbox"/> Infants (0 thru 11 months) <input type="checkbox"/> Toddlers (12 months thru 3 years) <input type="checkbox"/> Preschoolers (4 years thru 5 years)
<b>Number of Children Currently Served</b>	Infants (0 thru 11 months) _____ Toddlers (12 months thru 3 years) _____ Preschoolers (4 years thru 5 years) _____



## Program Information

<b>Is this an application for multiple sites?</b>	<input type="checkbox"/> Yes (Complete a form for each site.) <input type="checkbox"/> No
<b>Name of Site on License</b>	
<b>Director Name</b>	
<b>Facility Address</b>	
<b>Year Licensed</b>	
<b>License/Registration Number</b>	
<b>Days and Hours of Operations</b>	
<b>Contact Person (if someone other than the director)</b>	
<b>Contact's Title</b>	
<b>Contact's Phone Number</b>	
<b>Contact's Email</b>	
<b>Total # of Staff</b> (Full and Part-time)	
<b>Type of Facility</b> (Check all that apply)	<input type="checkbox"/> Family Home <input type="checkbox"/> Large Family home <input type="checkbox"/> Center <input type="checkbox"/> Early Head Start/Head Start <input type="checkbox"/> VPK <input type="checkbox"/> Other (please be specific) _____
<b>Does the facility serve meals or snacks?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Age Range of Children Served</b> (Check all that apply)	<input type="checkbox"/> Infants (0 thru 11 months) <input type="checkbox"/> Toddlers (12 months thru 3 years) <input type="checkbox"/> Preschoolers (4 years thru 5 years)
<b>Number of Children Currently Served</b>	Infants (0 thru 11 months) _____ Toddlers (12 months thru 3 years) _____ Preschoolers (4 years thru 5 years) _____

## Program Information

<b>Is this an application for multiple sites?</b>	<input type="checkbox"/> Yes (Complete a form for each site.) <input type="checkbox"/> No
<b>Name of Site on License</b>	
<b>Director Name</b>	
<b>Facility Address</b>	
<b>Year Licensed</b>	
<b>License/Registration Number</b>	
<b>Days and Hours of Operations</b>	
<b>Contact Person (if someone other than the director)</b>	
<b>Contact's Title</b>	
<b>Contact's Phone Number</b>	
<b>Contact's Email</b>	
<b>Total # of Staff</b> (Full and Part-time)	
<b>Type of Facility</b> (Check all that apply)	<input type="checkbox"/> Family Home <input type="checkbox"/> Large Family home <input type="checkbox"/> Center <input type="checkbox"/> Early Head Start/Head Start <input type="checkbox"/> VPK <input type="checkbox"/> Other (please be specific) _____
<b>Does the facility serve meals or snacks?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Age Range of Children Served</b> (Check all that apply)	<input type="checkbox"/> Infants (0 thru 11 months) <input type="checkbox"/> Toddlers (12 months thru 3 years) <input type="checkbox"/> Preschoolers (4 years thru 5 years)
<b>Number of Children Currently Served</b>	Infants (0 thru 11 months) _____ Toddlers (12 months thru 3 years) _____ Preschoolers (4 years thru 5 years) _____