

Wake County SmartStart

2008-09 Quality Enhancement and Maintenance Initiative

Application for Participation



Please fill out application completely and print clearly. Only complete applications will be considered for participation

GENERAL INFORMATION:

Facility Name _____ Center or Home (circle one)

Contact Person _____ Title _____

Mailing Address _____

City

State

Zip Code

Physical Location if Different from Mailing Address _____

Facility Phone # _____ Facility Fax # _____

PROGRAM INFORMATION:

Date License Issued _____ Licensing Consultant _____

License Capacity (**copy of license must be attached**) _____

Total number of children enrolled ages birth to five _____ Total number of classrooms _____

of infant rooms _____ # of toddler rooms _____ # of preschool rooms _____

of infants enrolled _____ Private Pay Rate _____ per month Staff/Child Ratio _____

of toddlers enrolled _____ Private Pay Rate _____ per month Staff/Child Ratio _____

of 2's enrolled _____ Private Pay Rate _____ per month Staff/Child Ratio _____

of 3's enrolled _____ Private Pay Rate _____ per month Staff/Child Ratio _____

of 4's enrolled _____ Private Pay Rate _____ per month Staff/Child Ratio _____

of 5's enrolled _____ Private Pay Rate _____ per month Staff/Child Ratio _____

Does the center collect full payment from all parents? _____

Does the center/home accept subsidy? _____

Total number of subsidized children birth to five (**DSS subsidy sheets must be attached**) _____

Number of children birth to five with identified special needs (those having an IEP or IFSP) _____

