## Section 1 - Program Information

SITE NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ COUNTY _____

PHONE NUMBER _____ FAX NUMBER _____

FEIN _____ IDCFS LICENSE NUMBER _____

*Please include a copy of your IDCFS License with your application.*

IF SERVING CHILD CARE ASSISTANCE PROGRAM (CCAP) CHILDREN YOU MUST PROVIDE YOUR 15 DIGIT PROVIDER NUMBER(S) YOU RECEIVE PAYMENT UNDER. FAILURE TO PROVIDE THIS WILL RESULT IN MISSED ADD-ONS, IF AVAILABLE.

PROVIDER NUMBER(S) _____
*This number can be found directly after your name on the CCAP documentation.*

### On-Site Contact Person:

NAME _____

REGISTRY MEMBER ID _____ EMAIL _____

## Section 2 - Site Information

### Days and Hours of Operation:

| | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|---|---|---|---|---|---|---|---|
| Start Time | | | | | | | |
| End Time | | | | | | | |

### Year Schedule: *(check one)*

- ◯ FULL YEAR (serving children at least 47 weeks)
- ◯ SCHOOL YEAR ONLY
- ◯ SUMMER ONLY
- ◯ OTHER PART YEAR (serving children less than 47 weeks, but not School Year Only or Summer Only)

### Check the box(es) for each source of funding that this site receives: *(check all that apply)*

- ◯ PARENT TUITION/FEES
- ◯ CHILD CARE ASSISTANCE PROGRAM (CCAP)
- ◯ HEAD START/EARLY HEAD START
- ◯ PREVENTION INITIATIVE (ISBE/CPS)
- ◯ PRESCHOOL FOR ALL (ISBE/CPS)
- ◯ DEPARTMENT OF FAMILY AND SUPPORT SERVICES (DFSS) CITY OF CHICAGO

TOTAL # CLASSROOMS AT SITE: _____

# 1/2 DAY CLASSROOMS/SESSIONS _____ # FULL DAY CLASSROOMS/SESSIONS _____

CURRENT ENROLLMENT: TOTAL HS (AGES 0 – 3) _____ TOTAL HS (AGES 3 – 5)_____

## Section 3 - Certification Acknowledgement and Application Authorization

**1. Please submit a copy of your program's current valid accreditation certificate from a state approved accrediting body.**

**Please check one:**

- ◯ AMERICAN MONTESSORI SOCIETY (AMS) ACCREDITATION
- ◯ COGNIA ACCREDITATION
- ◯ COUNCIL ON ACCREDITATION (COA) EARLY CHILDHOOD PROGRAMS
- ◯ NATIONAL ACCREDITATION COMMISSION (NAC)
- ◯ NATIONAL ASSOCIATION FOR THE EDUCATION OF YOUNG CHILDREN (NAEYC)
- ◯ NATIONAL EARLY CHILDHOOD PROGRAM ACCREDITATION (NECPA)

**2. Accreditation Certificate covers all ages served within the program.** ◯ YES ◯ NO

I certify that all information provided herein is true and accurate. By my signature below I authorize INCCRRA to verify any information and documents submitted as part of this application. I understand that false or misleading information may constitute grounds for denial of this application. I understand that my ExceleRate Circle of Quality, if awarded, will be published on the ExceleRate public website, and that aggregated site information may be used for research/evaluation purposes.

- ◯ *Please check that you acknowledge and agree to have at least 30% of Program Teaching Staff apply for Gateways Credentials.*

SIGNATURE, PROGRAM AUTHORIZED OFFICIAL: _____ DATE: _____

PRINT NAME: _____ TITLE: _____