

Partnership for Children of Johnston County 2007-08 More at Four Site Application



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

GENERAL INFORMATION:

Facility Name _____

Contact Person _____ Title _____

Mailing Address _____

City _____ State _____ Zip Code _____

Physical Location (if different from mailing address) _____

Facility Phone# _____ Facility Fax# _____

Facility E-Mail Address _____

PROGRAM INFORMATION:

Star License Level _____ Center License Number _____

Number of years in operation _____ Number of years licensed _____

Tax Status (Please check one) _____ For Profit _____ Not For Profit

Is the Center/Home NAEYC accredited? _____ If yes, when? _____

Total number of subsidized children birth to five _____

Has any action occurred that would change the current status of your license, or is any action pending that could lead to change in the status of your license (such as a stop action or notice of administrative action)? If yes, please explain.

How many More at Four slots are you requesting? _____

How many classrooms will be designated for More at Four? _____ (18 max.group size)

What curriculum are you currently using in your four-year-old classrooms?

Could you provide wrap-around care for children? _____
 If yes, what hours will wrap-around be available? _____
 If there would be a cost to families, how much will it be per month? _____

Could you provide transportation for students if families need transportation assistance? _____ If the Partnership could not provide transportation, would be a cost to families, how much will it be per month? _____

What are the goals and philosophy of the center?

When children exhibit challenging behaviors, what strategies do teachers employ?

STAFF INFORMATION:

	Name	Highest Level of Education	Degree/Major (if degree is not complete, enter the # of hours completed)
Center Director		AA _____ BA/BS _____ Level 1 _____ Level 2 _____ Level 3 _____	
Lead Teacher		High School _____ AA _____ BA/BS _____ MA/MS _____	
Teacher Assist.		High School _____ CDA _____ AA _____ BA/BS _____	
Lead Teacher		High School _____ AA _____ BA/BS _____ MA/MS _____	
Teacher Assist.		High School _____ CDA _____ AA _____ BA/BS _____	

*Please attach an additional sheet if you are providing information on more than two classrooms.

Please return by mail or fax:

Mail to: Partnership for Children of Johnston County OR Fax to: 919-202-4692
226 East Market Street
Smithfield, NC 27577

The More at Four Program of Johnston County is funded by the Office of School Readiness and the Partnership for Children of Johnston County, an organization that works to ensure that children are prepared for success in school and in life.