



# 2018-2019 Application

Provider Type:  Center  Family Child Care Home

Program Type:  School Readiness  Voluntary Pre-Kindergarten

Name of Provider (as listed on DCF license): \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

### Contact Person or Program Administrator:

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

Telephone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

### Mailing Address (Address to be used for SWFL Stars correspondence, if different than above address):

Street: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

### PROGRAM SIZE AND OPERATIONS

Licensed Capacity: \_\_\_\_\_ Current Enrollment: \_\_\_\_\_ # of SR children enrolled: \_\_\_\_\_

Age Groups (check all that apply): # of Classrooms for each age group

Infants (0 – 14 months)  Infants (0 – 14 months)

Toddlers (15 – 36 months)  Toddlers (15 – 36 months)

Preschool (3 – 5 years)  Preschool (3 – 5 years)

### STATEMENT OF COMMITMENT

I understand that this is a voluntary program. I am committed to this Child Care Facility's participation in Southwest Florida Stars and will support others in this Child Care Facility as they work to meet the standards for high quality early care and education. I agree to secure a SWFL STARS Rating, and understand that it will be my choice whether to publish that rating during the first year of participation. All of the above information is accurate to the best of my knowledge.

\_\_\_\_\_  
Signature of Owner/Administrator

\_\_\_\_\_  
Date

To participate in 2018-2019 Southwest Florida Stars, kindly complete and return to Early Learning Coalition of Southwest Florida, 2675 Winkler Avenue, Suite 300, Fort Myers, FL 33901, or email application to [Rebecca.mckellar@elcofswfl.org](mailto:Rebecca.mckellar@elcofswfl.org).