



## Early Childhood Education and Care Department (ECECD) Prekindergarten Grant Application - Program Information Template

PROGRAM INFORMATION			
SITE NAME (Use Program Information Template for Multiple Sites)			
NAME OF CONTACT PERSON	TITLE		
STREET ADDRESS	CITY	STATE <b>NM</b>	ZIP
TELEPHONE NUMBER	EMAIL ADDRESS		
PREK OPERATION HOURS/DAYS:			
PROGRAM WILL BE OFFERED (CHECK ALL THAT APPLY) <input type="checkbox"/> REGULAR SCHOOL SESSION <input type="checkbox"/> YEAR ROUND <input type="checkbox"/> SCHOOL BREAKS/HOLIDAYS <input type="checkbox"/> SUMMER (NON-SCHOOL DAYS)			
ARE YOU A LICENSED CHILD CARE PROVIDER    YES <input type="checkbox"/> NO <input type="checkbox"/>			
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TIERED QUALITY RATING & IMPROVEMENT SYSTEM (TQRIS) FOCUS STAR LEVEL SELECT			
NUMBER OF PREK SLOTS AT THIS SITE	EARLY PREKINDERGARTEN- 3 YEAR OLDS	MIXED PREKINDERGARTEN- 3 & 4 YEAR OLDS	PREKINDERGARTEN - 4 YEAR OLDS
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