

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

PROGRAM INFORMATON				
SITE NAME (Use Program Information Template for Multiple Sites)				
NAME OF CONTACT PERSON	TITLE			
STREET ADDRESS	CITY		STATE	ZIP
			NM	
TELEPHONE NUMBER	EMAIL ADDRESS		•	
PREK OPERATION HOURS/DAYS:				
PROGRAM WILL BE OFFERED (CHECK ALL THAT APPLY)				
REGULAR SCHOOL SESSION	S □ SUMMER (NON-S	SCHOOL DAYS)		
ARE YOU A LICENSED CHILD CARE PROVIDER YES NO CHILD CARE LICENSE NUMBER: LICENSE EXPIRATION DA	TE: CAPAC	:ITY UNDER 2: CA	PACITY OVE	R 2:
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ACCREDITING STATUS (Does not apply to LEAs and public charter schools)				
SELECT DATE ACCREDIT	ED THROUGH:			
NOTE: IF AN ELIGIBLE APPLICANT RECEIVES A GRANT OF AWARD AND IT IS NO PARTICIPATE IN ECECD'S TIERED QUALITY RATING AND IMPROVEMENT SYSTEI		•		

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PROGRAM WILL BE OFFERED (CHECK ALL THAT APPLY)  □ REGULAR SCHOOL SESSION □ YEAR ROUND □ SCHOOL BREAKS/HOLIDAY	YS	□ SUMMER (NON-S	SCHOOL DAYS)				
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NUMBER OF FREN SLOTS AT THIS SITE							
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