



Program Application

Type of Program:

- Private Center-Based Program
- Family Child Care
- Early Head Start – Head Start
- State-funded Preschool or Child Care Program
- Title 1 Preschool Program
- Eligible Alternative Site – Serving Young Children

Please print legibly

Contact Information

Program Name:		Date:
Program Address:		
Primary Contact:		Title:
Best Phone #:	Best Time to Contact:	Email:

Program Information (for Centers and Family Child Care ONLY)

Is your facility licensed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	License Number:		License Issue Date:		License Capacity:	
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List classroom names and staff per classroom (including their position and email address)

Classroom name:	Staff name:	Position:	Email address:
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Total number of children currently enrolled:
 Infants (Birth to 2): _____ Toddlers (2-3 year olds): _____ Preschool (3-5 year olds): _____

Number of children in your program receiving child care subsidies: _____ Number of children with IEP: _____ IFSP: _____
 Number of homeless children: _____ Number of children in foster care: _____

Races of enrolled children (identify # of children per race): _____
 Languages children speak at home (identify # of children per language): _____

Which QCC Track do you want to participate in:
 Track 1: Quality Improvement (QI) - non-rated Track 2: Quality Rating Improvement System (QRIS) - rated

Funding source: HS EHS Title 1 CSPP Title 5 General Child Care Private IDEA Part B First 5 Local
 LEA CSPP Block Grant QCC Block Grant IMPACT FCCHEN Voucher (like SNSC)

Please complete and send application to
 Email: lstewart@nevco.org or Mail: Local Planning Council 640 East Main St. #3 Grass Valley CA 95945
 For more information, contact us at 530.271.0258 or lstewart@nevco.org