

## General Program Information

Program Name: \_\_\_\_\_ License Number: \_\_\_\_\_

Program Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Program Phone Number: \_\_\_\_\_ Program Email: \_\_\_\_\_

Primary Contact: \_\_\_\_\_ Secondary Contact: \_\_\_\_\_

Primary Contact Phone Number: \_\_\_\_\_ Primary Contact Email: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Owner Phone Number: \_\_\_\_\_

Owner Email: \_\_\_\_\_

Please indicate the number of each type of classroom you have in your program:

Infant: \_\_\_\_\_ Toddler: \_\_\_\_\_ Preschool: \_\_\_\_\_ School Age: \_\_\_\_\_

Please check the Star- rating of your program:

\_\_\_ Unrated \_\_\_ 1-star \_\_\_ 2-star \_\_\_ 3-star \_\_\_ 4- star \_\_\_ 5-star

\_\_\_ Dayton Public preschool \_\_\_ Kettering City Schools preschool \_\_\_ MVCDC

Please indicate the month and year you received your rating, if applicable: \_\_\_/\_\_\_/\_\_\_

Please check all additional funding sources received by your program:

PFCC (Publicly Funded Child Care)

ODE Early Childhood Expansion Slots If checked, please indicate # of slots granted: \_\_\_\_\_

Early Head Start Expansion Slots If checked, please indicate # of slots granted: \_\_\_\_\_

Head Start If checked, please indicate # of slots granted: \_\_\_\_\_

Please check the curriculum you currently implement in your Preschool classrooms:

Creative Curriculum  High Scope  Reggio  Montessori  Other \_\_\_\_\_

## Preschool Information

Please complete the information below regarding the preschool classrooms in your program:

### Preschool Classroom 1:

Name of Classroom: \_\_\_\_\_ Classroom Capacity: \_\_\_\_\_

Lead Teacher Name: \_\_\_\_\_ Highest Level of Education: \_\_\_\_\_

Assistant Teacher Name: \_\_\_\_\_ Highest Level of Education: \_\_\_\_\_

What are the ages of the children in this classroom? \_\_\_\_\_

What date does your program begin and end? Begin: \_\_\_\_\_ End: \_\_\_\_\_ Continuous \_\_\_\_\_

Is this classroom full-time or part-time:  Full-time (25+ hours/week)  Part-Time (less than 25 hours/week)

What are the days & hours of operation: \_\_\_\_\_ to \_\_\_\_\_

Primary language spoke in classroom: \_\_\_\_\_

Is this classroom a Head Start classroom?  Yes  No

### Preschool Classroom 2:

Name of Classroom: \_\_\_\_\_ Classroom Capacity: \_\_\_\_\_

Lead Teacher Name: \_\_\_\_\_ Highest Level of Education: \_\_\_\_\_

Assistant Teacher Name: \_\_\_\_\_ Highest Level of Education: \_\_\_\_\_

What are the ages of the children in this classroom? \_\_\_\_\_

What date does your program begin and end? Begin: \_\_\_\_\_ End: \_\_\_\_\_ Continuous \_\_\_\_\_

Is this classroom full-time or part-time:  Full-time (25+ hours/week)  Part-Time (less than 25 hours/week)

What are the days & hours of operation: \_\_\_\_\_ to \_\_\_\_\_

Primary language spoke in classroom: \_\_\_\_\_

Is this classroom a Head Start classroom?  Yes  No

**Preschool Classroom 3:**

Name of Classroom: \_\_\_\_\_ Classroom Capacity: \_\_\_\_\_

Lead Teacher Name: \_\_\_\_\_ Highest Level of Education: \_\_\_\_\_

Assistant Teacher Name: \_\_\_\_\_ Highest Level of Education: \_\_\_\_\_

What are the ages of the children in this classroom? \_\_\_\_\_

What date does your program begin and end? Begin: \_\_\_\_\_ End: \_\_\_\_\_ Continuous \_\_\_\_\_

Is this classroom full-time or part-time:  Full-time (25+hours/week)  Part-Time (less than 25 hours/week)

What are the days & hours of operation: \_\_\_\_\_ to \_\_\_\_\_

Is this classroom a Head Start classroom?  Yes  No

Do you provide transportation for any of the children in your program:  Yes  No

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*In order to complete your Preschool Promise Provider application please submit the following current documents with this completed application to Ashley Marshall at [ashley.marshall@learntoearnadayton.org](mailto:ashley.marshall@learntoearnadayton.org). If you have questions regarding this application, please call Ashley Marshall at (937) 236-9965 ext. 2132*

**Required Documents:**

- 1) Copy of current ODJFS or ODE license
- 2) Copy of current Step Up to Quality Rating Certificate
- 3) Copy of Preschool Promise classroom teacher's credentials (ie: CDA, CPL certificate or copy of degree)
- 4) Proof of General Liability Insurance with limits of at least \$1,000,000 per occurrence, \$2,000,000 annual aggregate.
  - a. This proof of insurance MUST name Preschool Promise, Inc. as additional insured
  - b. This insurance MUST include coverage for sexual abuse and molestation
- 5) Proof of Worker's Compensation Insurance as required by the Ohio Bureau of Worker's Compensation – or Waiver of Worker's Compensation Insurance if not required
- 6) Automobile Insurance (if automobiles are used by the providers in its usual course of business) – or Automobile Insurance Waiver if your program DOES NOT transport children
- 7) Current published rates for all age groups
- 8) Provider Handbook Signature Page
- 9) Provider Commitments Signature Page

## Authorizing Agreement

By signing this application you acknowledge:

1. You have received a copy of the provider 2017-2018 Montgomery County Preschool Promise handbook.
2. You have read the Provider Handbook and agree to participate in Preschool Promise as outlined in the Provider Handbook.
3. Montgomery County Preschool Promise is permitted to post your preschool program's information on websites, in its marketing material and in any other source related to Montgomery County Preschool Promise.

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### Preschool Program Representative

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

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Montgomery County Preschool Promise Manager

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

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Owner or Authorized Representative

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

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Preschool Promise Teacher

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

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please return this application with all required documentation to Ashley Marshall at [ashley.marshall@learntoearn Dayton.org](mailto:ashley.marshall@learntoearn Dayton.org), or Learn to Earn Dayton, 4801 Springfield St., Dayton, OH 45431