



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 NM	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"/>			
CHILD CARE LICENSE NUMBER: _____ LICENSE EXPIRATION DATE: _____ CAPACITY UNDER 2: _____ CAPACITY OVER 2: _____			
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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