



Application for Enrollment

OCCL Licensed Early Care and Education Programs

Name of Program/Person on OCCL _____
(as listed with the Office of Child Care Licensing)

Type of Program: ECE Center with School-Age Component ECE Center without School-Age Component
 School-Age (stand-alone program) Family Child Care Large Family Child Care

OCCL License # _____ Licensed Capacity _____ Current Enrollment _____ Date of Original Licensing _____

NAEYC Accredited? No Yes Other Funding Sources: ECAP Head Start

School District Programs

OCCL License # _____ *(if applicable)*

Name of School District: _____ School Site _____

Funding Sources (check all that apply): 619 ECAP Head Start Local District Funds
 Other Public Sources Parent Fees Title 1

Age range of Children Accepted at Program _____ EIN/Tax ID _____

Hours of Operation: _____ to _____

Physical Address of Program: _____ Mailing Address of Program: _____

County _____ Non-Profit: Yes No

Program Phone # _____ E-mail _____

Contact Person and Title _____

Type of Purchase of Care Accepted: POC POC Plus Self-Arranged POC Not Accepted

Number of Slots Available for POC Children _____ Number of POC Children Currently Enrolled _____

Number of Dual Language Learners (children whose primary language is not English) Currently Enrolled _____

Number of Children with Identified Disabilities Currently Enrolled: Part B / IEP Part C / IFSP

Do you serve military families? Yes No If so, Active Duty Guard Reserve *(check all that apply)*

Why did you decide to join Delaware Stars? _____

 Signature of Center Administrator/FCC or LFCC Licensee/School Administrator Date

Mail completed applications to: **Delaware Stars for Early Success**
111 Alison West, University of Delaware
Newark, DE 19716

Fax completed application to: (302) 831-4223

Email application to: delawarestars@udel.edu