



# EDUCATIONAL FIRST STEPS

## One Childhood... One Chance

### Application for Affiliation

(To be completed by Center Director)

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

County: \_\_\_\_\_

Name of Center: \_\_\_\_\_ Year established: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Center Director: \_\_\_\_\_ Date of appointment: \_\_\_\_\_

Executive Director: \_\_\_\_\_ Date of appointment: \_\_\_\_\_

Is the center licensed by the Texas Department of Protective & Regulatory Services? Yes  No

Date license was issued: \_\_\_\_\_ Any pending licensing violations? Yes  No  if so, date \_\_\_\_\_

Is the center a 501(c)(3)? Yes  No  Is center a CCMS designated vendor? Yes  No

Is the center accredited by NAEYC or NAC? Yes  No

Date center was accredited: \_\_\_\_\_ Renewal date: \_\_\_\_\_

Hours of operation: \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m. Months of operation: \_\_\_\_\_

### Complete the following information on children currently served by the center:

Capacity of center: \_\_\_\_\_ Capacity for birth-5 yrs: \_\_\_\_\_ Current enrollment birth-5 yrs old: \_\_\_\_\_

Demographics for Students <i>(enter number of students for each demographic group)</i>					
	African American	Latin	Asian	Caucasian	Other
Infant 0-12 mo					
1 & 2 Years					
3 Years					
Pre-K					

How many students birth-5 receive CCMS funding in the center? \_\_\_\_\_

How many birth-5 children in your center are from families who are eligible for Free or Reduced lunch subsidies through the CACFP? \_\_\_\_\_

Why do you want the center to be affiliated with Educational First Steps?

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