



Alabama Quality STARS

Quality Rating and Improvement System

CENTER APPLICATION

PROGRAM INFORMATION		
1) <input type="checkbox"/> Applying for <u>INITIAL</u> STAR Rating: 1 2 3 4 5 (circle only one level)	2) <input type="checkbox"/> Applying for <u>HIGHER</u> STAR Rating: 1 2 3 4 5 (circle only one level)	
3) <u>CHANGE</u> in Location <u>CHANGE</u> in Center Director <input type="checkbox"/> Reapplying for Current STAR Rating: 1 2 3 4 5 (circle only one level) <input type="checkbox"/> Applying for HIGHER STAR Rating: 1 2 3 4 5 (circle only one level)	4) <u>RENEWAL</u>: STAR Rating valid through _____ <input type="checkbox"/> Reapplying for Current STAR Rating: 1 2 3 4 5 (circle only one level) <input type="checkbox"/> Applying for HIGHER STAR Rating: 1 2 3 4 5 (circle only one level)	
Center Name	Is this center registered with the CMA (Child Care Management Agency) to participate in the Child Care Subsidy Program? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Does the center transport children (field trips, home, school, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Center Physical Address \Rightarrow	City \Rightarrow	Zip
Center Mailing Address \Rightarrow	City \Rightarrow	Zip
County Where Center is Located	Center Phone Number	Center Fax Number
Center Director Name	Center Director Email	
Administrator/ Owner Name (if different from Center Director)	Administrator/ Owner Phone Number	Administrator/ Owner Email
Administrator/ Owner Mailing Address	City	Zip
PROGRAM OPERATION		
Period of Operation: <input type="checkbox"/> Open Year-Round <input type="checkbox"/> Open Part-Year: From _____ to _____		
Program Operates: <input type="checkbox"/> 20 hours or fewer per week <input type="checkbox"/> 21-39 hours per week <input type="checkbox"/> 40 hours or more per week		
Hours of Operation: Monday _____ to _____ Tuesday _____ to _____ Wednesday _____ to _____ Thursday _____ to _____ Friday _____ to _____ Saturday _____ to _____ Sunday _____ to _____	Specify Closure Dates (MM/DD/YYYY) for six (6) months from date that Alabama Quality STARS Application Packet is submitted: _____ _____ _____ _____ _____ _____	

PROGRAM DEMOGRAPHICS

Licensed Centers:

License Dates (MM/DD/YYYY): From _____ to _____

Total number of children licensed for: _____

Age range of children licensed for: _____

Centers that cannot be licensed:

Date center began operation (MM/DD/YYYY): _____

Total number of children center can accept: _____

Age range of children center can accept: _____

Annual staff training dates: From _____ to _____

National Accreditation

(Attach copy of accreditation certificate)

NAEYC NAC NECPA MACTE

NAA OTHER _____

Date of Expiration: _____

Program operates/participates with (check all that apply):

PRIVATE CENTER HEAD START EARLY HEAD START MILITARY TRIBAL

PUBLIC SCHOOL DISTRICT COLLEGE/UNIVERSITY OSR STATE PRE-K

CHILD CARE SUBSIDY PROGRAM CHILD NUTRITION PROGRAM

OTHER _____

AUTHORIZATION

Check the box below that is appropriate for your program:

On behalf of the **licensed center**,

I hereby voluntarily apply for participation with Alabama Quality STARS.

I am required to participate with Alabama Quality STARS.

On behalf of the **center that cannot be licensed**,

I hereby voluntarily apply for participation with Alabama Quality STARS.

I am required to participate with Alabama Quality STARS.

I hereby understand and agree to the following:

- The center (physical space, records, etc.) must be accessible for on-site visits with or without advance notice.
- The center's licensing history and status with other programs will be subject to review.
- The center that cannot be licensed will be subject to review regarding parent and/or community complaints.
- All information outlined in Section 7.00 of the Alabama Quality STARS Guidelines must be submitted with this application.

All information in this application is true and correct to the best of my knowledge.

(If the Administrator/Owner and Center Director are not the same person, the printed name and signature are required for each individual.)

Administrator/Owner Name - Print

Administrator/Owner Signature

Date

Center Director Name - Print

Center Director Signature

Date

Official Use Only: Licensing Compliance Verified: _____ Date: _____

CLASSROOM/AGE of CHILDREN	Maximum # of CHILDREN	# of TEACHERS	# of ASSISTANT TEACHERS
1.			
2.			
3.			
4.			
5.			
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