

**Childcare Resources
Parents as Teachers Application
2008-2009**



Date: _____

Center Name: _____

Address: _____

City, State & Zip: _____

Telephone: _____ Fax: _____

E-Mail Address: _____

Director: _____ Owner: _____

Program Location (check one):

- Blount County Shelby County
 Jefferson County (outside Birmingham City limits) Walker County
 Jefferson County (within Birmingham City limits)

Program Description: (check one):

Licensed Expiration Date: _____

Licensed-Exempt

Center Licensed Capacity/ Maximum Number of Children Served: _____

Ages Served: _____ Total Current Enrollment: _____

Number of Infants Currently Enrolled: _____

Number of Toddlers Currently Enrolled: _____

Do you accept state subsidy payments? _____

Is your program nationally accredited? _____

If yes, by whom? _____ Accreditation expires: _____

- I certify that my program meets the current child/staff ratio requirements specified by the Alabama Minimum Standards.

| Age | Staff to Child Ratio Effective September 1, 2004 |
|---------------------------|---|
| 0 up to 18 months | 1 to 5 |
| 18 months to 2 ½ years | 1 to 7 |
| 24 months up to 36 months | 1 to 8 |
| 2 ½ years up to 4 years | 1 to 11 |
| 4 years up to school age | 1 to 18 |
| School age up to 8 years | 1 to 21 |
| 8 years and older | 1 to 22 |

- I certify that my center has not been under corrective action from DHR licensing in the past 12 months.
- I certify that my center or home has not had any substantiated complaints of child abuse or neglect in the past 12 months.
- I understand that any consultant who is in my center is mandated by the Department of Human Resources to report any licensing deficiencies or possible child abuse and neglect observed at the time of the visit.

Print Name

Date

Signature

