



**Application  
2011-2012**

*\*\* All sections must be completed in order to be considered for program participation.  
If you have any questions, or require assistance, please contact Kimberly Farr at (205) 252-1991 x329 or  
kfarr@ccr-bhm.org \*\**

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: \_\_\_\_\_

Does your program accept state subsidy payments? \_\_\_\_\_

Is your program nationally accredited? \_\_\_\_\_

If yes, by whom? \_\_\_\_\_

Accreditation expires: \_\_\_\_\_

**This program is a (choose the one that best describes your program):**

Child Care Center

Part-Day MDO/Preschool

Group Home

How long has this program been operating? \_\_\_\_\_

Number of Infant/Toddler Classrooms: \_\_\_\_\_ Number of Infant/Toddler Teachers: \_\_\_\_\_

Hours of Operation: \_\_\_\_\_

In what ways are parents involved in your program? \_\_\_\_\_

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Rate how supportive your parents would be of the Parents as Teachers Program.

Very Supportive

Somewhat Supportive

Not Supportive

What do you hope to accomplish by participating in Parents as Teachers?

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**Please initial the following statements to express your compliance/acknowledgement:**

\_\_\_\_\_ If licensed, 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, 2005
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 program has not been under corrective action from DHR licensing in the past 12 months.

\_\_\_\_\_ I certify that my program 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 program 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

\_\_\_\_\_

Title

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

This application may be returned:

**By Mail or in Person**

Childcare Resources  
 Attn: Kimberly Farr  
 1904 First Avenue North  
 Birmingham, AL 35203

**By Fax**

Childcare Resources  
 Attn: Kimberly Farr  
 205-251-2076

**By Email**

Kimberly Farr  
 kfarr@ccr-bhm.org