Inclusion Program 2023-2024

Enrollment Information

Contact Information
Director:

Director Email:

Site Contact Person (if other than director):

Site Information
Provider Type: ☐ Child Care Center   ☐ Faith-based Program   ☐ School District Preschool

Company Name:

Site Name:           FTF ID:

Site Phone:

Physical Address:

☐ Northwest Maricopa   ☐ Phoenix North   ☐ Phoenix South

AZ Workforce Registry Program ID #:

DHS License #:

Number of classrooms or groups for children:

<table>
<thead>
<tr>
<th>Infants</th>
<th>Toddlers</th>
<th>Preschools (not yet in kindergarten)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Enrollment for children **through age 5** (and not in kindergarten):

<table>
<thead>
<tr>
<th>Licensed Capacity</th>
<th>Infants (0-12 months)</th>
<th>Toddlers (13-35 months)</th>
<th>3 - 5 Year-Olds (36 months and older who are not in kindergarten)</th>
</tr>
</thead>
</table>
What is the primary language used for instruction in your program? ______________________

Do you have any teachers whose primary language is NOT English?    ☐ Yes    ☐ No

If yes, primary language: ____________________________________________

Do you have any children whose primary language is NOT English?    ☐ Yes    ☐ No

If yes, primary language: ____________________________________________

Is your site enrolled in the Quality First (QF) program through First Things First?
☐ Yes, enrolled in QF   ☐ Applied, not yet enrolled   ☐ No

Are you currently nationally accredited by one of the following? (Please check all that apply)

☐ NAEYC (National Association for the Education of Young Children Accreditation)
☐ NAC (National Association Commission for Early Care and Education Programs)
☐ NECPA (National Early Childhood Program Accreditation)
☐ ACSI (Association of Christian Schools International)
☐ AMS (American Montessori Society)
☐ AMI (Association Montessori International)

**Child Information**

Number of children with identified special/ health care needs:

☐ IEP _____  ☐ IFSP _____  ☐ Severe allergies _____  ☐ Asthma _____  ☐ Vision _____

☐ Feeding tube _____  ☐ Hearing impairment _____  ☐ Other _____

Have you ever served children with special needs?    ☐ Yes    ☐ No

**Staff Information**

Number of years current director has been at this site: ____________

In which areas do you feel your staff will need Inclusion support?

☐ Policies and Procedures
☐ Screening and referrals
☐ Training
☐ Coaching in the Classroom
☐ Behavior Management
☐ Accommodations
☐ Understanding IFSPs/IEPs/Individual Support Plans
☐ Other ____________________________________________
**Enrollment Verification**

By signing below, I acknowledge that I have reviewed this enrollment information and affirm that all the information contained within it is true and accurate.

Printed Name: 

Signature: 

Date: 

*First Things First (FTF) approved by Arizona voters, works to ensure that our youngest children have access to quality early childhood experiences so they will start school healthy and ready to succeed. Across the state, FTF regional partnership councils – in collaboration with local leaders – identify the education and health needs of children from birth through age 5 in their communities and fund strategies to address those needs.*

**Southwest Human Development is the Easterseals affiliate for central and northern Arizona.**

*Please email completed form to inclusion@swhd.org*