



**FACILITY INFORMATION**

FACILITY TYPE:  REGISTERED HOME  LICENSED HOME  SCHOOL AGE ONLY CENTER  CENTER

NEW APPLICANT  CERTIFIED-REQUESTING NEW LEVEL  CERTIFIED- CHANGE IN LOCATION  
 OWNERSHIP CHANGE former # \_\_\_\_\_  CONTINUING CERTIFICATION -TERM EXPIRING on \_\_\_/\_\_\_/\_\_\_ (mo/day/yr)

FACILITY NAME: \_\_\_\_\_ LICENSE/REGISTRATION NUMBER: \_\_\_\_\_

OWNER NAME: \_\_\_\_\_ OWNER PHONE: (\_\_\_\_\_) \_\_\_\_\_  
 OWNER EMAIL: \_\_\_\_\_

SITE ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ COUNTY: \_\_\_\_\_

MAILING ADDRESS: (IF DIFFERENT THAN SITE) \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ COUNTY: \_\_\_\_\_

PHONE: \_\_\_\_\_ SITE CONTACT EMAIL: \_\_\_\_\_  
 FAX: \_\_\_\_\_

DIRECTOR'S NAME: \_\_\_\_\_ ALTERNATIVE CONTACT NAME: \_\_\_\_\_

**OPERATION**

DATES OF OPERATION:  OPEN YEAR ROUND  OPEN PART YEAR: FROM \_\_\_\_\_ TO: \_\_\_\_\_

FACILITY IS OPEN:  
 20 HOURS OR FEWER PER WEEK  40 HOURS OR FEWER PER WEEK  MORE THAN 40 HOURS PER WEEK

HOURS OF OPERATION:  
 MONDAY \_\_\_\_\_ to \_\_\_\_\_  
 TUESDAY \_\_\_\_\_ to \_\_\_\_\_  
 WEDNESDAY \_\_\_\_\_ to \_\_\_\_\_  
 THURSDAY \_\_\_\_\_ to \_\_\_\_\_  
 FRIDAY \_\_\_\_\_ to \_\_\_\_\_  
 SATURDAY \_\_\_\_\_ to \_\_\_\_\_  
 SUNDAY \_\_\_\_\_ to \_\_\_\_\_

SPECIFY SEASONAL HOUR VARIATIONS (E.G. SUMMER HOURS: 9-12 ONLY, FULL DAYS ON ALL SCHOOL HOLIDAYS ETC.)

**FACILITY DEMOGRAPHICS**

LICENSED CAPACITY:  
 INFANT/TODDLER: \_\_\_\_\_  
 PRESCHOOL: \_\_\_\_\_  
 SCHOOL AGE: \_\_\_\_\_  
 LICENSED HOME: \_\_\_\_\_  
 REGISTERED HOME: \_\_\_\_\_

NATIONAL ACCREDITATION  
 ATTACH COPY OF ACCREDITATION CERTIFICATE  
 NAEYC  NAA  CARF  NAFCC

FACILITY PARTICIPATES WITH (CHECK ALL THAT APPLY) :

VOUCHERS     ABC     HEAD START     RSPMI     DDTCS     CHMS     21CCLC     S21C

CURRENT ENROLLMENT # OF CLASSROOMS & TEACHERS:

INFANT/TODDLER (0 to 36 months):

Group Age: \_\_\_\_\_ # Children: \_\_\_\_\_ # Teachers/Caregivers: \_\_\_\_\_  
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 Group Age: \_\_\_\_\_ # Children: \_\_\_\_\_ # Teachers/Caregivers \_\_\_\_\_

PRESCHOOL (36 to 60 months):

Group Age: \_\_\_\_\_ # Children: \_\_\_\_\_ # Teachers/Caregivers: \_\_\_\_\_  
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 Group Age: \_\_\_\_\_ # Children: \_\_\_\_\_ # Teachers/Caregivers \_\_\_\_\_

SCHOOL AGE:

(check grades served)

K     1<sup>st</sup>     2<sup>nd</sup>     3<sup>rd</sup>     4<sup>th</sup>     5<sup>th</sup>     6<sup>th</sup>  
 7<sup>th</sup>     8<sup>th</sup>     9<sup>th</sup>     10<sup>th</sup>     11<sup>th</sup>     12<sup>th</sup>

Students Are Grouped By:  Age     Interest Area     Other, Specify

# Of Group Areas \_\_\_\_\_ # Teachers/Caregivers Per Area: \_\_\_\_\_

Total # School Age Children: \_\_\_\_\_

**AUTHORIZATION**

On behalf of the licensed or registered child care facility, I hereby voluntarily apply for participation and certification with Better Beginnings, Arkansas' Quality Rating Improvement System.

I understand that the facility (physical space, records, etc.) must be accessible for on-site visits with or without notice.

I agree to provide all documentation necessary for certification.

I understand my facility's licensing/registration history will be subject to review.

I understand that an Application Checklist (Better Beginnings Form B) for the appropriate facility type must accompany this form.

I understand that DCCECE may access TAPP Registry records for compliance.

I understand that an Annual Staff Record (Better Beginnings Form C) and all related documentation must accompany this form. I agree to provide an Annual Staff Record (Better Beginnings Form C) and all related documentation to DCCECE 12 months and 24 months after certification.

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

\_\_\_\_\_  
 Administrator's Signature

\_\_\_\_\_  
 Date

