



Quality Counts for Kids

A Continuous Quality Improvement Program



Program Name: _____

Program Type:

Center Center without School Age Family Child Care Home School Age Only

Program Address:

Street: _____

City: _____ **ZIP:** _____

Address to be used for Quality Counts for Kid correspondence, if different than above address:

Street: _____

City: _____ **ZIP:** _____

Telephone Number: _____ **Fax Number:** _____

Does your program have access to the internet? Yes No

Does your program have access to email? Yes No

If yes, please provide your email address:

Email address _____

Name & title of contact person for *Quality Counts for Kids*

Name: _____ **Title:** _____

Name & title of program administrator (if different from contact person):

Name: _____ **Title:** _____

PROGRAM SIZE AND OPERATIONS

Licensed Capacity: _____ **Current Total Enrollment:** _____

Age range of children served: _____ **Number of School Readiness children enrolled:** _____

STATEMENT OF COMMITMENT

I am committed to this program's participation in *Quality Counts for Kids* and will support the efforts of others in this program as they work to meet the standards for high quality early care and education or school-age programs. All of the information on this form is accurate to the best of my knowledge.

Signature of Owner/Operator

Date