

Parent Aware Orientation Application

Minnesota's Quality Rating System (QRS)

CHILD CARE CENTERS, SCHOOL-BASED PRE-K, OR HEAD START PROGRAMS FORM

This form reserves spots for child care providers/early educators to attend a Parent Aware Rating Tool orientation.

Requested orientation month (dates TDB) *Please mark your first, second and third choice:*

August _____ November _____ February _____ May _____ Year 20_____

Number of people attending: _____ (maximum of 2 per program)

Program type: Child care center _____ School-based preschool _____ Head Start _____

Additional special circumstances of the business (e.g., Head Start collaboration): _____

DHS license ID number (if applicable): _____

Business name: _____ Director: _____

Contact person for QRS (if different from above): _____

Location street address: _____

City: _____ State: _____ ZIP code: _____ County: _____

Mailing address (if different from above): _____

City: _____ State: _____ ZIP code: _____

Primary phone: _____ Extension: _____ Secondary phone: _____ Extension: _____

Fax number: _____ Email address for your program's QRS contact person: _____

Accredited? Yes _____ No _____ If yes, by whom? _____

Number of children licensed for: _____

Infant: ___ Toddler: ___ Preschool: ___ School-age: ___ Number of children enrolled in your program: _____

If known, the number of children enrolled in your program who meet one or more of the following points: _____

(Note: You do not have to indicate the number of children in each category. Do not count a child more than once.)

- speak English as a Second Language
- have an Individualized Education Program (IEP) through Early Childhood Special Education (ECSE)
- are enrolled in the Child Care Assistance Program (CCAP)
- are enrolled in the Minnesota Family Investment Program (MFIP)
- are enrolled in the Free or Reduced Lunch Program (school-based programs only)
- are enrolled in Head Start
- live in an out-of-home placement (foster care)

Will you need an interpreter for the orientation session? Yes ___ No ___ If yes, what type or language? _____

Please complete and return to the attention of Valerie Peterson by either fax or mail: 651-290-9785 (fax); 380 Lafayette Road, Suite 103, Saint Paul, MN 55107.

Please note: This form serves as your request to attend a Parent Aware orientation. In order to participate in the QRS, programs must sign an Intent to Participate contract. These contracts will be available at the orientation. You will be notified by Parent Aware staff as to which orientation session you are scheduled to attend.

