

# Parent Aware Orientation Application

## Minnesota's Quality Rating System (QRS)

### FAMILY CARE PROVIDERS 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: \_\_\_\_\_

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

DHS license ID number: \_\_\_\_\_

Is your license status currently under review by the MN Department of Human Services (DHS)? Yes \_\_\_\_\_ No \_\_\_\_\_

Business name: \_\_\_\_\_ Contact person: \_\_\_\_\_

Location street address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_ County: \_\_\_\_\_

Mailing address (if different from above): \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

Primary phone: \_\_\_\_\_ Secondary phone: \_\_\_\_\_

Fax number: \_\_\_\_\_ Email address: \_\_\_\_\_

What kind of program do you offer? Full day \_\_\_\_\_ Part day \_\_\_\_\_

Accredited? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, by whom? \_\_\_\_\_

Number and ages of children licensed for: \_\_\_\_\_ 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 the same 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.

