



## After-School Quality Program Application

Prior to filling out the After-School Quality Application review details on the Informational Sheet

	<i>Programs must complete all parts of this application. Please Submit to your Regional Key</i>			
<b>Program Information</b>	Program Contact Person Name:	Title:		
	E-Mail:	Telephone #:		
	Program Name:	MPI #:	Keystone STAR Level:	
	Address:			
	City:	State:	Zip:	
	Regional Key(s):    NERK        SERK        MidState        NWRK        SWRK			
<b>Program Details</b>	Location of School-Age Program (i.e. School, Community Bldg., Child Care Center):		Current Program Assessment Tools being used:	
	Number of Kindergarten Children enrolled:		Current Average Daily Attendance:	
	Number of Young School-Age Children enrolled:		Number of School-Age Teachers:	
	Number of Older School-Age Children enrolled:		Number of School-Age Classrooms:	
Hours of Operation: School- Year: _____ Summer: _____				
<b>Program Reflection</b>	Please fill out the ASQ Readiness Checklist ( <b>attached</b> ) and the section below with a team that includes SAC teachers and other administrators. Please feel free to use additional space.			
	Briefly describe why your program wants to be involved in the <i>After-School Quality</i> Process and how you will engage your staff and/or a variety of stakeholders to participate on your ASQ team:			
	<p>We use the following share decision-making practices (Check all that apply):</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Director encourages staff to contribute new ideas and help make decisions.</li> <li><input type="checkbox"/> We ask families for their opinions and ideas.</li> <li><input type="checkbox"/> The children in our program help us decide on program plans.</li> <li><input type="checkbox"/> We are willing to have parents, other staff, and community members observe our program.</li> <li><input type="checkbox"/> We believe that listening to families, the children, community members, and each other will lead to better decisions about the program.</li> <li><input type="checkbox"/> Other Please Explain:</li> </ul>			
<b>Program Commitment</b>	Indicate your ability to commit to this process: <ul style="list-style-type: none"> <li><input type="checkbox"/> Our School-Age program is able to commit to the After-School Quality Pilot Program and has the permission of administration</li> <li><input type="checkbox"/> Our program can commit two providers to attending the After-School Quality Professional Development Institutes.</li> </ul>			
<b>Return Form</b>	Applications are to be submitted electronically to your Regional Key			