

Date Received by IDS Staff: \_\_\_\_\_

District: \_\_\_\_\_

# Project PREPARE

## Program Application



The University of Southern Mississippi  
Institute for Disability Studies  
Project PREPARE  
118 College Dr. #5163  
Hattiesburg, MS 39406-0001

Please complete this application and return to the address above.

For questions, call Ann Henson at 601-331-7369 or 1-888-671-0051 (Voice or TDD).

Name of Child Care Center/Program \_\_\_\_\_

Director \_\_\_\_\_

Address \_\_\_\_\_

Street Address

\_\_\_\_\_

City

State

Zip

E-mail address \_\_\_\_\_ County \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

License Number Issued by Health Department \_\_\_\_\_

Licensed capacity \_\_\_\_\_ Current Enrollment \_\_\_\_\_

Total number of classes/groups \_\_\_\_\_ Total Number of staff \_\_\_\_\_

Hours of operation \_\_\_\_\_

Does the program currently serve any children with special needs? \_\_\_ yes \_\_\_ no

If yes, what disabilities/delays have been identified? \_\_\_\_\_

\_\_\_\_\_

List any concerns about children being served by the program.

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Please provide the following information for each class or age group in your center.

Class/Age Group	Total Number of Children in Class/Age Group	Total Number of Staff Assigned to Class/Age Group

My center is interested in: \_\_\_\_\_ onsite technical assistance  
 \_\_\_\_\_ staff development/training  
 \_\_\_\_\_ professional learning communities (PLCs)

Is your center currently receiving training/ on-site assistance from other programs/ projects? \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, which projects are you currently receiving assistance from?

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\*\*\*\*\* PREPARE Staff Completes Below \*\*\*\*\*

Status of Application \_\_\_\_\_ Center Notified (staff & date) \_\_\_\_\_