



Child Care Program Application/Interest Form

Name: _____ Name of Program: _____

Phone Number: _____ Email: _____

Program Address: _____

Type of Program: Center-Based Home-Based Director's Name: _____

Number of staff (if applicable): _____ Director's Phone Number: _____

How many classrooms do you have in your building(s)? _____

Number of Children currently serving: 0-3 years: _____ 4-8 years: _____

Do you serve children on the child care subsidy? Yes No Number of children served: _____

Do you participate in the food program? Yes No

Are you currently enrolled into Step Up to Quality? Yes No Current Step Rating? 1 2 3 4 5

Program Interested in Partnering with (circle one): Rooted in Relationships Sixpence Both

Please list any coaching initiatives your program participates in along with the coach that is providing support (Pyramid, Step Up to Quality, etc):

List some ways that you think a partnership with one or both of the early childhood initiatives can help to support your program:

Do you have any children in your care that require additional or special services or support? If yes, explain

Have you or any of your staff had any previous Pyramid Model Training? If yes, explain.

Please list any current challenging behaviors you are experiencing in your program:

Describe what you are currently doing to support children's social and emotional development:

What do you feel are the strengths of your program?

What are some of your program's goals or areas where you would like to prioritize support?

Center-Based Programs Only: Please provide the following for each classroom that will be considered for participating in coaching.

Classroom Name	Age of Children	Number of Children	Name of provider who will receive coaching