



Texas AEYC Assessment Pilot Information Form

Facility Information

Center Name	
License Number	
License Type	Circle One: Full Permit Initial Permit Registered Certified
Address	
City, State, Zip	
County	
Phone Number	
Email	
Director/Owner	

Is this child care program owned or managed by another organization?:

Yes No

If yes, Please provide the company name and billing address where we should send checks and invoices if different than above:

Company Name _____ Attention: _____

Address _____ City _____ Zip _____

<p>Please fill this portion out to complete application. Failure to provide this information will delay review process.</p> <p>Center Auspice (check one): <input type="checkbox"/> Profit <input type="checkbox"/> Nonprofit <input type="checkbox"/> Head Start <input type="checkbox"/> Public Pre-K <input type="checkbox"/> Military <input type="checkbox"/> Faith-based</p> <p>Center Capacity _____ Number of Infants-PreK children currently enrolled: _____</p> <p>Total number of Workforce subsidized children served _____</p> <p>Number of children to participate in the Texas GOLD Assessment Pilot program _____</p> <p>Total number of: _____ Full-Time Staff _____ Part-Time Staff</p> <p>Number of staff employed less than 12 months: _____</p> <p>Is your Center accredited: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, by whom? _____</p> <p>Is your center a Texas Rising Star center? <input type="checkbox"/> NO <input type="checkbox"/> 1 Star <input type="checkbox"/> 2 Star <input type="checkbox"/> 3 Star <input type="checkbox"/> 4 Star <input type="checkbox"/> 5 Star (Please include a copy of the contract showing subsidized children are accepted into the program.)</p>

 (Signature of Chairperson/Owner/Director)