



NAEYC Self-Study Enrollment Form

PROGRAM INFORMATION

Program Name:

Legal name to appear on all correspondence and official documents from NAEYC

Has your program been assigned a program ID number? **YES** IF YES, please indicate Program ID#: _____
 NO

Is your Program a single- or multi-site program? Please check the appropriate box below.

Single-Site

Single-site programs are those in which all eligible classrooms and administrative offices are at one site.

Multi-Site

Multi-site programs are those in which eligible classrooms and administrative offices are at more than one site. Multi-site programs must meet all of the following conditions:

- The multi-site program is located in not more than 3 sites that are within 5 miles of each other.
- The second and third sites each serve fewer than 60 children.
- All sites included in the multi-site program have the same program administration, budget and public identity.

If your multi-site program does not meet these conditions, then each site must enroll and pursue accreditation independently.

PROGRAM CONTACTS

In order to protect your program's confidential information, the NAEYC Academy will only correspond with listed contacts regarding the details of your program's accreditation.

Primary Contact

Secondary Contact

Name

Name

Title

Title

Phone

Fax

Phone

Fax

() -

() -

() -

() -

*Email

*Email

**Essential information about your program's accreditation is sent via email. It is to your benefit to list an email address.*

Billing Contact

This individual will be the contact for confidential billing information between the program and the NAEYC Academy.

Name

Title

Phone () -

Fax () -

Email

RIGHTS AND RESPONSIBILITIES OF PROGRAMS WISHING TO ENROLL IN SELF-STUDY

I understand that Enrolling our program in Self Study is Step 1 of the 4 steps in the NAEYC Accreditation process. Enrolling does not commit our program to taking further steps, but each of the four steps must be followed to achieve NAEYC Accreditation.

I understand that if our program wishes to pursue NAEYC Accreditation, the form for Step 2 Application is available at www.naeyc.org/academy.

I understand that if our program is currently NAEYC Accredited, we must follow the established timelines for Enrolling (Step 1), Applying (Step 2), and becoming a Candidate (Step 3) based on our expiration date to avoid a lapse in our NAEYC Accreditation status. These timelines are posted at www.naeyc.org/academy.

I have read and understand these rights and responsibilities. (Please sign below.)

(Print Full Name)

(Title)



Signature _____

Date: ____ / ____ / ____
(month) (date) (year)

Each box must be checked in order to Enroll in Self-Study.

THE NATIONAL REGISTRY ALLIANCE (TNRA)

My program is located in OK, MO, ME, WI, or MT and we would like to work with The National Registry Alliance (TNRA) in our area on the designated administrator and/or teaching staff qualifications. NAEYC has permission to share our program's contact information with TNRA.

SITE INFORMATION							
PRIMARY SITE							
<i>Contact information for the Primary Site will be posted on the NAEYC website when a program achieves NAEYC Accreditation, except for the fax number.</i>							
Name							
Street Address			ENROLLMENT BY AGE CATEGORY*		TOTAL		
Suite/dept/floor			Infant (birth to 15 months)				
City		State	Zip	Toddler/Two (12 to 36 months)			
County		Country		Preschool (30 months to 5-years)			
Email		Website		Kindergarten (public or private)			
Phone (____) ____ - ____		Fax (____) ____ - ____		TOTAL CHILDREN PRIMARY SITE			
		<p><i>If your program is a single-site program, stop here and proceed to payment information on page 3.</i></p> <p><i>If your program is a multi-site program, please provide information about additional sites below.</i></p>					
SITE #2							
<input type="checkbox"/> This site is located within 5 miles of the Primary Site and Site #3. Distance from Primary Site: ____ miles Distance from Site #3: ____ miles							
Site Name:							
Street			ENROLLMENT BY AGE CATEGORY*		TOTAL		
Suite/dept/floor			Infant (birth to 15 months)				
City		State	Zip	Toddler/Two (12 to 36 months)			
County		Country		Preschool (30 months to 5-years)			
Email		Website		Kindergarten (public or private)			
Phone (____) ____ - ____		Fax (____) ____ - ____		TOTAL CHILDREN SITE #2 (up to 60)			
SITE #3							
<input type="checkbox"/> This site is located within 5 miles of the Primary Site and Site #2. Distance from Primary Site: ____ miles Distance from Site #2: ____ miles							
Site Name:							
Street			ENROLLMENT BY AGE CATEGORY*		TOTAL		
Suite/dept/floor			Infant (birth to 15 months)				
City		State	Zip	Toddler/Two (12 to 36 months)			
County		Country		Preschool (30 months to 5-years)			
Email		Website		Kindergarten (public or private)			
Phone (____) ____ - ____		Fax (____) ____ - ____		TOTAL CHILDREN SITE #3 (up to 60)			
<p><i>*Age categories overlap for program flexibility. Programs should specify the number of children of eligible ages for each eligible group. Please do not count a child more than once.</i></p>				TOTAL CHILDREN ALL SITES			



PAYMENT INFORMATION			ENROLLMENT FEES		
<input type="checkbox"/> Check <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> Amex <input type="checkbox"/> Purchase Order (attach)			\$425 1-60 children (minimum for accreditation is 10) \$525 61-120 children \$650 121-240 children \$775 241-360 children Add \$100 for every additional 120 children. The Enrollment fee is nonrefundable. The number of children enrolled in a program includes the total number of all the eligible age groups enrolled at all 3 sites, not the daily or hourly capacity. If the program serves an eligible age group, it must be included.		
Credit card number/check or purchase order number					
Credit card expiration date ____Month ____Year					
Name on card/checking account or purchase order holder					
Card billing address					
City					
Country	State	Zip	Mail completed form with payment to NAEYC Self-Study P.O. Box 96143 Washington, DC 20090-6143		
Signature					
ADDITIONAL ADDRESSES					
<i>Multi- and Single-Site Programs may provide only one additional mailing, billing, and shipping address.</i>					
MAILING ADDRESS <input type="checkbox"/> Same as primary site address					
<i>To be used for written correspondence to the program. All correspondence will be sent to the primary contact as listed on page 1.</i>					
Street			Suite/dept/floor		
City	State	Zip			
County	Country				
Email	Phone (____) ____ - ____				
BILLING ADDRESS <input type="checkbox"/> Same as primary site address <input type="checkbox"/> Same as mailing address					
<i>To be used for invoices sent to the program.</i>					
Attention: <input type="checkbox"/> Primary Contact <input type="checkbox"/> Secondary Contact <input type="checkbox"/> Other:					
<i>This person will be the contact for financial information between the program and the NAEYC Academy.</i>					
Organization Name (if different than program)					
Street			Suite/dept/floor		
City	State	Zip			
County	Country				
Email	Phone (____) ____ - ____	Fax (____) ____ - ____			
SHIPPING ADDRESS <input type="checkbox"/> Same as primary site address <input type="checkbox"/> Same as mailing address <input type="checkbox"/> Same as billing address					
<i>To be used for the shipment of the Self-Study Kit and other materials sent to the program. NAEYC cannot accept a P.O. Box as a shipping address.</i>					
Street <small>(No P.O. Boxes accepted)</small>			Suite/dept/floor		
City	State	Zip			
County	Country				
Email	Phone				

ADDITIONAL PROGRAM INFORMATION

Please tell us some information about your program. This information will be used to help NAEYC better support programs in Self-Study and to evaluate the effectiveness of NAEYC Accreditation over time. **The information you provide will NOT affect your NAEYC Accreditation status in any way.**

Is this program owned and/or operated by another organization, chain, or corporation? YES NO IF YES , list the name of that organization? (If the program is held within a subsidiary of a larger corporation, please use the name of the larger corporation or holding company)	Corporate structure (check all that apply) <input type="checkbox"/> Nonprofit <input type="checkbox"/> For profit <input type="checkbox"/> Public agency	Program site location <input type="checkbox"/> Urban <input type="checkbox"/> Rural <input type="checkbox"/> Suburban <input type="checkbox"/> Military base
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When did your program begin operation? _____(month) _____(year)	What is your program schedule? (check all options offered to families) <input type="checkbox"/> Full day <input type="checkbox"/> Part day <input type="checkbox"/> 24 hour <input type="checkbox"/> Full year <input type="checkbox"/> Part year	Do you offer any of these special services? <input type="checkbox"/> Drop-in care <input type="checkbox"/> Backup care <input type="checkbox"/> Summer camp/vacation programs <input type="checkbox"/> Bilingual program (If yes, what languages besides English?) _____ <input type="checkbox"/> Other, specify: _____
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The program is affiliated with a(n): (check all that apply)

<input type="checkbox"/> College/university	<input type="checkbox"/> Migrant services	<input type="checkbox"/> Indian Tribe
<input type="checkbox"/> Employer-sponsored	<input type="checkbox"/> Military installation	<input type="checkbox"/> Alaskan Native Village
<input type="checkbox"/> Faith-based institution	<input type="checkbox"/> Public school	<input type="checkbox"/> Other (please describe):
<input type="checkbox"/> Head Start	<input type="checkbox"/> US government facility	
<input type="checkbox"/> Hospital	<input type="checkbox"/> Parent Cooperative	

Licensing/Regulation Status. Define your license/regulation status based on the options below.

My program is licensed/regulated.

My program is licensed.
 My program is license-exempt but voluntarily licensed.
 My program is regulated.

The term "regulated" refers to programs that are not licensed but under the regulation of, for example, public school systems, or the military. If your program is licensed and regulated by another body, please choose licensed and regulated.

My program is not licensed and eligible for licensure.

My program is not licensed and not eligible for licensure.

CHARACTERISTICS OF ENROLLED CHILDREN

What percent of children enrolled in your program (birth through kindergarten) are: African American _____% Asian _____% Caucasian _____% Latino _____% Native American _____% Pacific Islander _____% Other _____% , specify: _____	What percent of children speak the following languages during your program: <input type="checkbox"/> English _____% <input type="checkbox"/> Tagalog _____% <input type="checkbox"/> Spanish _____% <input type="checkbox"/> Vietnamese _____% <input type="checkbox"/> Chinese _____% <input type="checkbox"/> Italian _____% <input type="checkbox"/> French _____% <input type="checkbox"/> Other: _____% <input type="checkbox"/> German _____%
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CHARACTERISTICS OF ENROLLED CHILDREN (CONT.)

What percent of enrolled children have been formally diagnosed as having special needs?

- 100%
- 76 – 99%
- 51 – 75%
- 26 – 50%
- 11–25%
- 6–10%
- 1–5%
- None at this time

Do any enrolled children have any of the following special needs?

- Hearing impairment
- Visual impairment
- Orthopedic handicaps
- Speech & language disorders
- Behavioral
- Neurological disorders
- Maintenance care diseases (diabetes, HIV)
- Down Syndrome
- Emotional disturbance
- Autism, spectrum disorders
- Learning disabilities
- ADHD
- Mentally Disabled/Developmentally Delayed
- Other, specify

Do you serve any special populations?

- Not applicable
- Migrant workers
- Teen parents
- Homeless families
- Other, specify:

PROGRAM FUNDING

What percent of your funding comes from the following sources?

- | | |
|--|-----------------------------|
| ____% Tuition/fees | ____% Private donors |
| ____% Government funding/subsidies | ____% In-kind contributions |
| ____% Employers of families served | ____% Grants |
| ____% Support from sponsoring organization | ____% Fundraising |
| | ____% Other, specify: |

What percent of children enrolled (in age groups birth through kindergarten) receive need-based financial assistance to attend your program through scholarships, sliding fee scales, or public subsidies?

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> 100% | <input type="checkbox"/> 11–25% |
| <input type="checkbox"/> 76 – 99% | <input type="checkbox"/> 6–10% |
| <input type="checkbox"/> 51 – 75% | <input type="checkbox"/> 1–5% |
| <input type="checkbox"/> 26 – 50% | <input type="checkbox"/> None at this time |

CHARACTERISTICS OF PROGRAM ADMINISTRATORS AND TEACHING STAFF

PROGRAM ADMINISTRATORS

What are the job titles of the individuals responsible for the leadership and management of your program?

(check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Program director/administrator | <input type="checkbox"/> Assistant director |
| <input type="checkbox"/> Executive director | <input type="checkbox"/> Educational Coordinator |
| <input type="checkbox"/> President | <input type="checkbox"/> Chief Financial Officer |
| <input type="checkbox"/> Chief Executive Officer | <input type="checkbox"/> Superintendent |
| <input type="checkbox"/> Principal | <input type="checkbox"/> Business Manager |
| <input type="checkbox"/> Assistant principal | <input type="checkbox"/> Other, specify: |

_____ **How many staff in total are responsible for the leadership and management of your program?**

CHARACTERISTICS OF PROGRAM ADMINISTRATORS AND TEACHING STAFF (CONT.)

Of those responsible for the program's leadership and management, how many have completed the following level of education?

- _____ Graduate degree
- _____ Baccalaureate degree
- _____ Associate degree
- _____ Some college
- _____ Other, specify: _____

_____ How many of these individuals (see left) have at least **nine (9)** credit-bearing semester hours of specialized college-level course work in **administration, leadership, and management** AND at least **24** credit-bearing semester hours of specialized college-level course work in **early childhood education, child development, elementary education, or early childhood special education** that encompasses child development and children's learning from birth through kindergarten; family and community relationships; the practices of observing, documenting, and assessing young children; teaching and learning processes; and professional practices and development?

TEACHERS

(primary responsibility for leading a group of children)

TEACHER ASSISTANTS/AIDES

(adults that work under direct supervision of a teacher)

Total number of teachers: _____

Total number of teacher assistants/aides: _____

Of the teachers in your program, how many have completed the following highest level of education?

- _____ Graduate degree in ECE or related field
- _____ Baccalaureate degree in ECE or related field
- _____ Associate degree in ECE or related field
- _____ Baccalaureate degree in non-EC related field
- _____ Child Development Associate credential
- _____ Some college
- _____ High School/GED
- _____ Other, specify: _____

Of the teacher assistants and teacher aides in your program, how many have completed the following highest level of education?

- _____ Graduate degree in ECE or related field
- _____ Baccalaureate degree in ECE or related field
- _____ Associate degree in ECE or related field
- _____ Baccalaureate degree in non-EC related field
- _____ Child Development Associate credential
- _____ Some college
- _____ High School/GED
- _____ Other, specify: _____

How many teachers are:

- _____ Currently enrolled in an Baccalaureate program in ECE or related field
- _____ Currently enrolled in an Associate degree program in ECE or related field
- _____ Currently working toward a Child Development Associate Credential

How many teacher assistants and teacher aides are:

- _____ Currently enrolled in an Baccalaureate program in ECE or related field
- _____ Currently enrolled in an Associate degree program in ECE or related field
- _____ Currently working toward a Child Development Associate Credential

RESEARCH PARTICIPATION

Information gathered on our application forms and during our site visit will become part of a national data base of early childhood knowledge. As we put together information about programs across the nation we will be able to fully describe all aspects of early childhood programs in ways that have never been achieved before. Ideas that emerge from the work of programs will guide professional development, research, and program development. At no time will individual programs, teachers, children or families be identified in any way. In keeping with the professional ethics of Institutional Research Boards in universities, NAEYC is committed to keeping work of individual programs confidential.

Programs may have opportunities to engage in research projects, but will at that time be fully informed of the scope and nature of the project, and will at that time be able to decide if they wish to participate. If you have concerns about the use of information gathered during the accreditation process, please check this box and we will contact you to answer your questions.

Check here if your program has concerns about the use of information gathered during the accreditation process and you will be contacted.