



# NAEYC Enrollment Form

## PROGRAM INFORMATION

### Program Identification

Program Name:  
*Legal name to appear on all correspondence and official documents from NAEYC, including the NAEYC Accreditation Certificate.*

Has your program been assigned a program ID number?  
 Yes: If Yes, please indicate Program ID#: \_\_\_\_\_  
 No

Designated Program Administrator	Secondary Contact
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<i>The <b>Designated Program Administrator</b> is responsible for receiving written correspondence regarding the program's accreditation and can update NAEYC with changes to program information. See <a href="#">Clarification on Program Administrator</a> for more information.</i>	<i>The <b>Secondary Contact</b> will be copied on all correspondence regarding the program's accreditation and can update NAEYC with changes to program information.</i>
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Name:	Name:
Title:	Title:
Phone:	Fax:
Email:	Email:

### Additional Contacts

**Additional Contacts** are authorized to receive confidential programmatic information from NAEYC. Programs may name up to three (3) additional contacts.

Name:	Name:	Name:
Title:	Title:	Title:

### Multiple Programs within the Same Facility

NAEYC Accreditation is granted to the overall program, and will not be granted to individual classrooms within a program. Throughout the NAEYC Accreditation process, all eligible groups a program serves must be reported and may be observed during a site visit. **This includes groups within the program that operate during the summer and after-school care groups.**

A group can only be excluded from a program's NAEYC Accreditation if it is part of a separate program that has a separate public identity. A program pursuing NAEYC Accreditation must notify NAEYC of all separate programs that operate within its facility and be able to demonstrate a separate budget, administration, license and/or other criteria.

Complete the information below to inform NAEYC of other programs that operate within your program's facility.

My program is the only program that operates within its facility.  Yes  No  
*NOTE: If "yes" is checked above, and your program offers a summer camp option or after-school care groups, these groups must be reported and may be observed during a site visit.*

In addition to my program, one or more programs operate within the same facility.  Yes  No  
 If yes, use the space below to list other programs that operate within your program's facility and describe how other existing programs are separate from your program. Include relevant information about how all other existing programs have a separate name, budget, administration, and/or license from your program.

*If necessary, you may attach an additional page to continue your description of separate programs that operate within your program's facility.*

**PROGRAM INFORMATION Continued**

**Program Address**

Contact information will be posted on the NAEYC website when a program achieves NAEYC Accreditation.

Street Address:		Suite/dept/floor:
City:	State:	Zip:
County:	Country:	
Phone:	Fax:	
Email:	Website:	



If this program is located on foreign soil and not affiliated with the United States Department of Defense schools and child development centers/programs, please complete the [Enrollment Form Addendum for International Programs](#).



**Mailing Address**

To be used for written correspondence to the program.

Same as program address

Street Address:		Suite/dept/floor:
City:	State:	Zip:
County:	Country:	
Email:	Phone:	

**Billing Address**

To be used for invoices sent to the program.

Same as program address     Same as mailing address

Attention:

This individual must also be listed as the Designated Program Administrator, Secondary Contact, or an Additional Contact on page 1.

Organization Name (if different than program name):

Street Address:		Suite/dept/floor:
City:	State:	Zip:
County:	Country:	
Email:	Phone:	Fax:

**Shipping Address**

To be used for the shipment of all NAEYC Accreditation Materials.

Same as program address     Same as mailing address     Same as billing address

Street Address: <i>No P.O. Boxes accepted</i>		Suite/dept/floor:
City:	State:	Zip:
County:	Country:	
Email:	Phone:	

## RIGHTS AND RESPONSIBILITIES

### Program Rights

**Right:** To receive professional and timely support from NAEYC.

- Phone - (800) 424-2460, option 3, option 1. Monday - Friday, 9:00 AM to 5:00 PM ET
- Email - [accreditation.information@naeyc.org](mailto:accreditation.information@naeyc.org)
- [Accreditation Program Support Resources](#)

**Right:** To receive information from the NAEYC Academy regarding updates on the NAEYC Accreditation system, policies, and procedures.

- Monthly [Accreditation e-Updates](#) emailed to primary and secondary contacts provided to NAEYC.
- Bi-Annual [Accreditation Updates](#) mailed to program mailing address provided to NAEYC.

**Right:** To access current, accurate information about the NAEYC Accreditation process and the NAEYC Early Childhood Program Standards and Accreditation Criteria, including related assessment tools and resources.

- [NAEYC Academy Website](#)
- [TORCH](#)

**Right:** To provide feedback to the NAEYC regarding the NAEYC Accreditation process and the NAEYC Early Childhood Program Standards and Accreditation Criteria.

- Submit [Feedback on the Accreditation System](#)
- Submit feedback on the accreditation criteria via [TORCH](#) Criteria Feedback and [TORCH](#) Discussions

**Right:** To [withdraw from the NAEYC Accreditation process](#) at any time.

### Program Responsibilities

*A program that completes Step 1: Enrollment in Self-Study is not committed to moving forward in the NAEYC Accreditation process. Programs that do not intend to formally pursue NAEYC Accreditation can disregard the responsibilities listed below. Programs that intend to formally pursue NAEYC Accreditation should be aware of the responsibilities listed below. Programs that are currently NAEYC-Accredited should also note additional responsibilities for currently accredited programs on the [NAEYC Academy Website](#).*

**Responsibility:** To understand the NAEYC Accreditation process and access the most current versions of the NAEYC Early Childhood Program Standards and Accreditation Criteria and related assessment tools and resources.

- For information about the NAEYC Accreditation process, visit the [NAEYC Academy Website](#) frequently
- Read monthly [Accreditation e-Updates](#) and bi-annual [Accreditation Updates](#).
- For current versions of the NAEYC Early Childhood Program Standards and Accreditation Criteria and related assessment tools and resources, visit [TORCH](#).

**Responsibility:** Inform NAEYC of updates to contact information for the **primary and secondary contact** of your program to ensure open communication between the program and NAEYC. Changes to contact information should be reported as soon as possible with the [Self Report form](#).

**Responsibility:** To retain a copy of all forms submitted to NAEYC and retain documentation verifying the date of all submissions. Postmark documentation is acceptable for submissions by mail and a copy of sent e-mail with date and time stamp information is acceptable for e-mail submissions.

**RIGHTS AND RESPONSIBILITIES Continued**

Signature

- I have read and understand my program's rights and responsibilities.
- I verify that the information submitted in this form is accurate. If false or misleading information is ever provided to the NAEYC Academy, I understand that my program's pursuit of NAEYC Accreditation will cease and/or my program's current accreditation may be revoked.
- I understand that Enrolling my program in Self Study is Step 1 of the 4 Steps to Achieve NAEYC Accreditation. Enrolling does not commit our program to take further steps, but each of the four steps must be followed to achieve NAEYC Accreditation.
- I understand that to begin the formal pursuit of NAEYC Accreditation and select due dates for the remainder of the four-step process, my program must submit an [Application \(Step 2\)](#).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

**FEES FOR NAEYC ACCREDITATION**

**The Enrollment fee is nonrefundable. This form will not be processed until NAEYC receives the applicable fee.**

<b>\$425</b>	1 - 60 children
<b>\$525</b>	61 - 120 children
<b>\$650</b>	121 - 240 children
<b>\$775</b>	241 - 360 children
<b>Add \$100 for every additional 120 children.</b>	

Currently, NAEYC has a scholarship fund available to programs in financial need. If your program is interested, please review the [scholarship requirements](#).

The accreditation fee is calculated based on the number of children enrolled in a program at the time this form is submitted. If the number of children changes for a defined portion of the year (for example, altered program operation during the summer), the program should report the number of children that typically applies throughout the majority of the school year. Programs will be billed for supplemental fees (according to the chart above) if program enrollment is inaccurately reported during the accreditation process.

Reference the following rules to determine the number of children that determines the accreditation fee for your program.

- Each child is only counted once.
- Each child of eligible age (birth through kindergarten) that is part of an eligible group is counted. All eligible groups **MUST** be included in your program's NAEYC Accreditation. Note that groups are not eligible if more than 50% of the children are school age (first grade and beyond).
- For programs with hourly care or drop-in care groups in which the total number of children enrolled in the group exceeds the maximum licensing capacity of the group, only the maximum licensing capacity of the group is counted. Add the maximum licensing capacity of any drop-in care groups to the total number of children, if applicable.

Age Category	Number of Children Enrolled
Infant (birth to 15 months)	
Toddler/Twos (12 to 36 months)	
Preschool (30 months to 5 years)	
Kindergarten (public or private)	
<b>TOTAL Number of Children:</b>	

**PAYMENT INFORMATION**

Choose ONE method of payment and include applicable information below.

**Check**

Check Number:

Name on Checking Account:

**Attach check to this form**

*If check is sent under separate cover, program ID number or other identifying information must be included on the check.*

**Purchase Order**

Purchase Order Number:

Name on Purchase Order:

**Attach purchase order to this form.**

*If purchase order is sent under separate cover, program ID number or other identifying information must be included on the purchase order.*

**Credit Card**

VISA    MasterCard    Amex

Credit Card Number:

Credit Card Expiration Date: Month:                      Year:

Name on card/checking account or purchase order holder:

Card billing address:

City:	State:	Zip:
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Country:

Signature:

**SUBMISSION INSTRUCTIONS**

**Mail completed form with payment to:**

NAEYC Self-Study  
P.O. Box 96143  
Washington, DC 20090-6143

*NAEYC accepts the postmark date as the submission date. NAEYC recommends that programs obtain written confirmation of receipt of all forms sent to NAEYC P.O. Boxes. Please discuss tracking options with your local Post Office. NAEYC is not able to sign for materials that are delivered to a P.O. Box by an individual courier such as UPS or FedEx.*

*Copy this form for your program's records before submission. NAEYC will not return this form to the program.*

## RESEARCH PARTICIPATION

Information gathered on our application forms and during the 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 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. If you have concerns about the use of information gathered during the accreditation process, please email [qualityassurance@naeyc.org](mailto:qualityassurance@naeyc.org).

By providing this voluntary demographic information, your program provides data that helps NAEYC gain a better understanding of how criteria are met and whether certain criteria pose challenges for programs with various characteristics. This information is used for continuous quality improvement and guides professional development, research and program development.

### Additional Program Information

*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.***

Why did your program seek NAEYC Accreditation: (check all that apply)

- Required for receiving funding
- Part of state Quality Rating and Improvement System (QRIS)
- Prestige and recognition
- Believe in NAEYC's mission for improving quality of care for young children
- Families expect it

Corporate Structure: (must choose one)

- Nonprofit
- Private corporation (for profit)
- Public Agency:
  - school district
  - military
  - college/university
  - other

If the program is military, please specify the branch:

- Army
- Air Force
- Coast Guard
- Navy
- Marines

Is your program receiving technical assistance from: (choose only one)

- Accreditation Facilitation Project
- State Quality Rating and Improvement System (QRIS)
- Consultant

What year did your program begin operation?

What best describes your program site location? (choose only one)

- Urban
- Rural
- Suburban
- Military base

What is your program schedule? (If your program offers multiple options, choose all that apply)

- Full Day (more than 6 hours/day)
- 24 hour
- Part Year
- Part Day (up to 6 hours a day)
- Full Year

**RESEARCH PARTICIPATION Continued**

**Additional Program Information**

Do you offer any of these services? (check all that apply)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Before or after school care | <input type="checkbox"/> Back up care                  | <input type="checkbox"/> Bilingual Programs: |
| <input type="checkbox"/> Drop-in care                | <input type="checkbox"/> Summer camp/vacation programs | If yes what languages besides English:       |

Which characteristics describe your program: (choose all that apply)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Campus-based       | <input type="checkbox"/> Migrant services       | <input type="checkbox"/> Parent cooperative  |
| <input type="checkbox"/> Employer-sponsored | <input type="checkbox"/> Military               | <input type="checkbox"/> Head Start          |
| <input type="checkbox"/> Faith-based        | <input type="checkbox"/> State Pre-Kindergarten | <input type="checkbox"/> Hospital-affiliated |

Is your program located in a:

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> Public school (P-12)         | <input type="checkbox"/> US Government facility (not military) | <input type="checkbox"/> Military facility      | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> College or university campus | <input type="checkbox"/> Tribal nation                         | <input type="checkbox"/> Alaskan native village |  |

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 **but is** eligible for licensure
- My program is not licensed and is not eligible for licensure

**Characteristics of Enrolled Children**

What **number** of children are enrolled in your program (birth through kindergarten)?

Of the children enrolled in your program (birth through kindergarten), what **number** of them are:

- |  |  |
|--|--|
| <input type="checkbox"/> White or Caucasian, Non-Hispanic        | <input type="checkbox"/> Asian/Pacific Islander                        |
| <input type="checkbox"/> Black or African American, Non-Hispanic | <input type="checkbox"/> American Indian/Alaska Native/Native American |
| <input type="checkbox"/> Spanish/Hispanic/Latino                 | <input type="checkbox"/> Other: (please specify)                       |

Of the children enrolled in your program (birth through kindergarten), what **number** of them speak the following languages during your program:

- |                                   |                                  |                                      |                                      |
|-----------------------------------|----------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> English: | <input type="checkbox"/> French: | <input type="checkbox"/> Vietnamese: | <input type="checkbox"/> Portuguese: |
| <input type="checkbox"/> Spanish: | <input type="checkbox"/> German: | <input type="checkbox"/> Khmer:      | <input type="checkbox"/> Other:      |
| <input type="checkbox"/> Chinese: | <input type="checkbox"/> Hmong:  | <input type="checkbox"/> Italian:    |                                      |

Do any enrolled children have any of the following special needs? If so, how many?

- |   |  |
|---|--|
| <input type="checkbox"/> Hearing impairment:          | <input type="checkbox"/> Down Syndrome:                              |
| <input type="checkbox"/> Visual impairment:           | <input type="checkbox"/> Emotional disturbance:                      |
| <input type="checkbox"/> Orthopedic handicaps:        | <input type="checkbox"/> Autism, spectrum disorders:                 |
| <input type="checkbox"/> Speech & language disorders: | <input type="checkbox"/> Learning disabilities:                      |
| <input type="checkbox"/> Behavioral:                  | <input type="checkbox"/> Maintenance care diseases (diabetes, HIV) : |
| <input type="checkbox"/> Neurological disorders:      | <input type="checkbox"/> Mentally disabled/developmentally delayed:  |
| <input type="checkbox"/> ADHD:                        | <input type="checkbox"/> Other, specify:                             |

Do you serve special populations?

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Military families | <input type="checkbox"/> Teen parents      | <input type="checkbox"/> Not applicable  |
| <input type="checkbox"/> Migrant Workers   | <input type="checkbox"/> Homeless Families | <input type="checkbox"/> Other, specify: |

**RESEARCH PARTICIPATION Continued**

**Program Funding**

Does your program receive any of the following types of public funding? (Check all that apply)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Child Care Subsidies | <input type="checkbox"/> Head Start                        | <input type="checkbox"/> Pre-Kindergarten Funding                     |
| <input type="checkbox"/> Early Head Start     | <input type="checkbox"/> Child and Adult Care Food Program | <input type="checkbox"/> Other public funds (federal, state or local) |
- if yes, please specify:

For programs not operated by school districts, does your program subcontract with the school district to provide Pre-Kindergarten services?  Yes  No

Does the program administrator or any member of the teaching staff receive publicly funded scholarship support for postsecondary coursework?  Yes  No  Don't know

Does the program administrator or any member of the teaching staff receive loan forgiveness from a federal Perkins, Stafford, or Direct Loan?  Yes  No  Don't know

What was your program's total income in the last fiscal year?

How much funding did you receive from the following sources:

- |   |                               |
|---|-------------------------------|
| Tuition/Fees: \$                          | In-kind contributions: \$     |
| Government Grants or Subsidies: \$        | Private Foundation Grants: \$ |
| Employers of families served: \$          | Fundraising: \$               |
| Support from sponsoring organizations: \$ | Other, specify : \$           |
| Private donors: \$                        |                               |

How many 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?

**Characteristics of Program Administrators**

How many administrators are in your program?

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

- Doctoral Degree
- Master's Degree
- Baccalaureate Degree
- Associate Degree
- Some College
- High School

How many of the program's administrators have at least nine (9) credit-bearing 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?

**RESEARCH PARTICIPATION Continued**

**Characteristics of Lead Teachers**

*Adult with primary responsibility for a group of children.*

Total number of teachers:

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

Doctoral Degree in ECE or related field:

Master's Degree in ECE or related field:

Baccalaureate Degree in ECE or related field:

Associate Degree in ECE or related field:

Baccalaureate Degree in non-ECE or related field:

Any Degree in non-ECE or related field:

Child Development Associate credential:

Some College:

High School/GED:

How many teachers are:

Currently enrolled in a Graduate program in ECE or related field:

Currently enrolled in a 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:

**Characteristics of Assistant Teachers-Teacher Aides**

*Adult who works under the direct supervision of a teacher.*

Total number of teacher assistants/aides:

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

Doctoral Degree in ECE or related field:

Master's Degree in ECE or related field:

Baccalaureate Degree in ECE or related field:

Associate Degree in ECE or related field:

Baccalaureate Degree in non-ECE or related field:

Any Degree in non-ECE or related field:

Child Development Associate credential:

Some College:

High School/GED:

How many teacher assistants and teacher aides are:

Currently enrolled in a Graduate program in ECE or related field:

Currently enrolled in a 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: