



Smart Start of Brunswick County
Child Care Resource & Referral
STAR INCENTIVE PROJECT APPLICATION FY 11-12

*** To be completed by the Owner or designated Director/Assistant Director of the facility.

A. FACILITY INFORMATION

Name of PROGRAM _____

Owner/Director's Name _____

Social Security Number _____

Mailing Address _____

City, State, Zip Code _____

Phone Number _____ Fax Number _____

Email address _____

Current Star Rating Temp ___ 1 Star ___ 2 Star ___
3 Star ___ 4 Star ___ 5 Star ___

Current Number of Children in Your Care by Age:

_____ Birth to Age Five _____ School Age

B. GENERAL INFORMATION

Are you currently participating in the TEACH program offered by Child Care Services Association?

___ Yes ___ No

If not, have you ever participated in the TEACH program ?

___ Yes ___ No

If so, why did you choose to no longer use the program?

Are you currently participating in the WAGE\$ program offered by Child Care Services Association?

___ Yes ___ No

If not, have you ever participated in the WAGE\$ program?



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Yes No
If so, why did you choose to no longer use the program?

Do you currently have the NC Family Child Care Credential or NC Child Care Credential? Yes No

Do you currently hold a Child Development Associate (CDA) Credential?
 Yes No

What is your highest level of education? _____

Is your First Aid and CPR current? Yes No

Do you currently have a policy and procedure handbook?
 Yes No

Briefly state why you are interested in receiving a higher rating.

C. STATEMENT OF UNDERSTANDING

I, _____, by my signature below, state that I understand that the facility is responsible for any applicable taxes associated with THE STAR INCENTIVE as a result of my participation in this Brunswick County Partnership for Children project.

Applicant's Signature

Date

D. STATEMENT OF AFFIRMATION

Under penalty of perjury, I, _____, attest that the information appearing in this application and supporting documentation is true to the best of my knowledge.

Applicant's Signature

Date