



ALABAMA DEPARTMENT OF
Early Childhood
Education



Family Engagement Project CENTER-BASED APPLICATION

PROGRAM INFORMATION	
Center Name	DHR License Dates: (MM/DD/YYYY) From _____ to _____
Center Physical Address	City Zip
Center Mailing Address	City Zip
County	Center Phone Center Fax
Center Director Name	Center Director Email
Administrator/Owner Name (if different from Center Director)	Administrator/Owner Phone and Email
Administrator/Owner Mailing Address	City Zip
PROGRAM OPERATION	
Hours of Operation:	
Monday	_____ to _____
Tuesday	_____ to _____
Wednesday	_____ to _____

Thursday _____ to _____
Friday _____ to _____
Saturday _____ to _____
Sunday _____ to _____

PROGRAM DEMOGRAPHICS

Program operates/participates with (check all that apply)

Private center Head Start Early Head Start Military Tribal Public School District
 College/University First Class PreK Child Care Subsidy Program
 Other _____

AUTHORIZATION

Check the box below that is appropriate for your program:

On behalf of the **licensed center**, I hereby voluntarily apply for participation in the DHR/ECE Family Engagement Project

All information in this application is true and correct to the best of my knowledge.

(If the Administrator/Owner and Center Director are NOT the same person, the printed name and signature are required for each individual).

Administrator/Owner Name – Print

Administrator/Owner Signature

Date

Center Director Name – Print

Center Director Signature

Date

The Family Engagement Project is an initiative of The Alabama Department of Early Childhood Education (DECE), (<http://www.children.alabama.gov>) and The Alabama Department of Human Resources (DHR), (<http://www.dhr.state.al.us/>)

All programs of the Department of Human Resources are administered in accordance with the Civil Rights Act of 1964, the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, the American with Disabilities Act of 1990, and all other federal and state civil rights laws.