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| **SECTION 1: SITE INFORMATION**1. Site Type (Check all that apply)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Free Enrollment | Reduced Enrollment | Paid Enrollment | Total Enrollment |
| **\_\_\_\_ Adult Care Center** |  |  |  |  |
| **\_\_\_\_ Child Care Center Enrollment Select type below:** |  |  |  |  |
| \_\_\_ Child Care |  |  |  |  |
| \_\_\_ Head Start Only  |  |  |  |  |
| \_\_\_ Outside School Hours |  |  |  |  |
| \_\_\_ At-Risk Afterschool Care Center |  |  |  |  |
| \_\_\_ Homeless/Emergency Shelter |  |  |  |  |

Tax Status: \_\_\_ For-Profit \_\_\_ Private Non Profit \_\_\_ Non Profit (Church) \_\_\_ Public Non-Profit (School. Govt., etc.)Tax Exempt Status Date: \_\_\_\_\_\_\_\_\_\_\_\_If For-Profit, select all that apply (eligibility status) and provide enrollment: \_\_\_ Title XIX/XX (Adult Care Center) Enrollment \_\_\_ (Enrollment)\_\_\_ Title XX (Child Care Center) Enrollment \_\_\_ (Enrollment) and/or Pre-K Category 1 \_\_\_\_\_\_ Free and Reduced Meal Participant (Childcare Center) | Enrollment: Free \_\_\_ Reduced \_\_\_ Paid \_\_\_1. Will this site also participate in the summer Food Service Program? \_\_\_Yes \_\_\_No
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| **SECTION 2: LICENSE / REGISTRATION INFORMATION**1. Licensed Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. License Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. License Effective Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. License Capacity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Building Capacity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Average Daily Attendance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. Fire Inspection Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
8. Food Inspection Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
9. Do you provide child care for infants under 12 months old? \_\_\_ Yes \_\_\_ No
10. Does this center charge a separate fee for meals? \_\_\_ Yes \_\_\_ No
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| **SECTION 3: PHYSICAL ADDRESS**Address Line 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address Line 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **SECTION 4: MAILING ADDRESS**Address Line 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address Line 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_ |

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| **SECTION 5: DIRECTIONS**Enter driving directions to your site from Atlanta, GA:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **SECTION 6: CENTER CONTACT – Person in charge of this center on a daily basis** 1. Name: Salutation: ­\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Date of Birth (mm/dd/yyyy): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Facility Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ext. \_\_\_\_\_ Fax: \_\_\_\_\_
5. Cell/Alt Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Title: ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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| **SECTION 7: SCHEDULE** 1. A. Months of Operation (Check all that apply)

All: \_\_\_ Jan: \_\_\_ Feb: \_\_\_ Mar: \_\_\_ Apr: \_\_\_ May: \_\_\_ Jun: \_\_\_ Jul: \_\_\_ Aug: \_\_\_ Sep: \_\_\_ Oct: \_\_\_ Nov: \_\_\_ Dec: \_\_\_B. Days of Operation (Check all that apply) Mon-Fri: \_\_\_ Mon: \_\_\_ Tue: \_\_\_ Wed: \_\_\_ Thu: \_\_\_ Fri: \_\_\_ Sat: \_\_\_ Sun: \_\_\_Regular Schedule 1. Normal Hours of Operations: Time Open: \_\_\_\_\_ Time Close: \_\_\_\_\_
2. Regular Meals

|  |  |  |
| --- | --- | --- |
| Regular Meals | First Shift | Second Shift (Optional) |
| Meals | Start Time  | End Time  | Start Time  | End Time  |
| Breakfast  |  |  |  |  |
| AM Snack |  |  |  |  |
| Lunch |  |  |  |  |
| PM Snack |  |  |  |  |
| Supper |  |  |  |  |
| Late Night Snack |  |  |  |  |

1. At-Risk Meals

|  |  |  |
| --- | --- | --- |
| At-Risk Meals | Traditional School Day | Vacation/Holiday Shift (Optional) |
| Meals | Start Time  | End Time  | Start Time  | End Time  |
| Breakfast  |  |  |  |  |
| AM Snack |  |  |  |  |
| Lunch |  |  |  |  |
| PM Snack |  |  |  |  |
| Supper |  |  |  |  |
| Late Night Snack |  |  |  |  |

Weekend Schedule1. Weekend Hours of Operations: Time Open: \_\_\_\_\_ Time Close: \_\_\_\_\_
2. Additional Institution notes related to Meal Service:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. |

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| **SECTION 8: AT-RISK SITE ONLY** 1. Select At-Risk activities that apply: \_\_\_ Educational \_\_\_ Enrichment
2. Please enter a description of the educational and/or enrichment program(s).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_1. Enter the elementary, middle, or high school a child would attend if he/she lived next door to this site:

School District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Free and Reduced Meal Eligibility (%): \_\_\_\_\_\_\_\_\_\_The Eligibility Start Year should indicate the current federal fiscal year.Eligibility Expirations Year should reflect five years later.Eligibility – Start Year: \_\_\_\_\_\_\_\_\_\_Eligibility – Expiration Year: \_\_\_\_\_\_\_\_\_\_ |

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| **SECTION 9: FOOD SERVICE** 1. How are the meals prepared? Prepared on site \_\_\_ Prepared at Central Facility \_\_\_ Contracted \_\_\_ School Food Authority \_\_\_ Other \_\_\_

If Other, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.1. Do you have a food service contract? Yes \_\_\_ No \_\_\_
2. Name, Address, Phone and Point of Contact for FSMC/Central Kitchen: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. How are meals served? Individual Meals \_\_\_ Family Style \_\_\_
4. Which meal types does offer vs. serve apply? Breakfast \_\_\_ Lunch \_\_\_ Supper \_\_\_ None \_\_\_
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| **SECTION 10: Ethnicity Data** 1. Select the name of a school in the zone in which the site is located. (All programs): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Provide the ethnic makeup of the participants served by the Institution’s service area**. (Racial and Ethnic Data percentages can be found on Bright from the Start’s website at** <http://www.decal.ga.gov/documents/attachments/RacialEthnic20.pdf>)

|  |  |
| --- | --- |
| Geographic Area (enter percentages):  | School % |
| Hispanic or Latino:  | \_\_\_\_\_% |
| Non-Hispanic or Latino:  | \_\_\_\_\_% |

Provide the ethnic makeup of the participants served by the Institution. Provide actual numbers of enrolled participants at all sites. 1. Participation Area (enter number of enrolled participants):

Hispanic or Latino: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Non-Hispanic or Latino: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **SECTION 11: RACIAL DATA** 1. Provide the racial makeup of the participants served by the Institution’s service area. **(Racial and Ethnic Data percentages can be found on Bright from the Start’s website at** [**http://www.decal.ga.gov/documents/attachments/RacialEthnic20.pdf**](http://www.decal.ga.gov/documents/attachments/RacialEthnic20.pdf)**)**

|  |  |
| --- | --- |
| Geographic Area (enter percentages):  | School % |
| American Indian or Alaskan Native:  | \_\_\_\_\_% |
| Asian:  | \_\_\_\_\_% |
| Black or African American: | \_\_\_\_\_% |
| Native Hawaiian or Pacific Islander: | \_\_\_\_\_% |
| White: | \_\_\_\_\_% |

Provide the racial makeup of the participants served by the Institution. Provide actual numbers of enrolled participants at all sites.

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| Program Participants (enter number of enrolled participants): |
| American Indian or Alaskan Native: \_\_\_\_\_ |
| Asian: \_\_\_\_\_ |
| Black or African American: \_\_\_\_\_ |
| Native Hawaiian or Pacific Islander: \_\_\_\_\_ |
| White: \_\_\_\_\_ |

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| **COMMENTS FROM INSTITUTION**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **CERTIFICATION****I hereby certify that neither the institution nor its principals/authorized representatives is presently debarred, suspended, proposed for debarment, declared ineligible, disqualified, or voluntarily excluded from participation in this transaction by any Federal/State department or agency.I certify under penalty of perjury that the information entered into this application is true and correct, and that I will immediately report to the State any changes that occur to the information submitted. I understand that this information is being given in connection with receipt of federal funds. The State may verify information and the deliberate misrepresentation of information will subject me to prosecution under applicable federal and state criminal statutes.On behalf of the institution, I hereby agree to comply with all state and federal laws and regulations governing the Child Nutrition Programs administered by the State. In accordance with Federal law and U.S. Department of Agriculture policy, this Sponsor does not discriminate on the basis of race, color, national origin, sex, age or disability. I will ensure that all monthly claims for reimbursement are true and correct and that records are available to support these claims.****\*SIGNATURE of PRINCIPCAL of ORGANIZATION MAKING THE APPLICATION**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**PRINTED NAME of PRINCIPAL:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**DATE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\*The Principal of the organization is the Executive Director, Owner, Superintendent, CEO, or other person who has been delegated as Principal to assume legal responsibility for the organization. In many cases the director of the day care center will not be the principal unless the director also fulfills one of the roles listed earlier. This person must also sign the Agreement for Participation with Bright from the Start or the Agreement with the Administrative Sponsor.** |