

**Children & Youth Partnership for Dare County**  
**Child Care Resource and Referral**  
**Project EDU 2008-2009**  
**COMPUTERS PLUS -Spring 2009**  
**Child Care Center Application**

To apply for Computers Plus please complete the following application. Application(s) must be **received** by Children and Youth Partnership no later than **5 PM on Monday, November 17, 2008**. If you have any questions or need assistance, please call Bonnie at 441-4737.

**Mail to:**  
Children and Youth Partnership for Dare County  
P.O. Box 2539  
Kill Devil Hills, NC 27948

**Bring by:**  
Children and Youth Partnership  
2400 N. Croatan Hwy. Suite D  
Kill Devil Hills, NC (Milepost 5.9)

Date of Application \_\_\_\_\_ Date Received \_\_\_\_\_  
(CYP use only)

Name of Child Care Program \_\_\_\_\_

Director \_\_\_\_\_ Owner \_\_\_\_\_

Mailing Address \_\_\_\_\_  
\_\_\_\_\_

Physical Address \_\_\_\_\_  
\_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

E-mail of Primary Contact \_\_\_\_\_

Number of children currently enrolled  
Preschool (B-5) \_\_\_\_\_ School-age(5-12) \_\_\_\_\_

Current licensing status (Circle all that apply)  
G.S. 110-106 (church-sponsored) 1-Star 2-Stars 3-Stars 4-Stars 5-Stars  
Temporary Provisional Rated License Application in Process Plan to Apply

If higher than 1-star, how many points did the program receive in each area?  
Program Standards \_\_\_\_\_ points, Education Standards \_\_\_\_\_ points,  
Quality Point? \_\_\_\_\_ yes \_\_\_\_\_ no Which one? \_\_\_\_\_

Number of staff *currently* participating in Early Childhood Education (ECE) classes or courses needed for a degree in ECE? \_\_\_\_\_

Is the program currently participating in Computers Plus? \_\_\_\_yes \_\_\_\_no

If not, does the program currently have a computer with internet access available for staff to use for on-line courses during the workday? \_\_\_\_yes \_\_\_\_no

Please describe below how the use of a loaned laptop computer would help your staff participate in internet or hybrid coursework.

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Do the potential participants of Computers Plus have a working knowledge of computers and the internet? \_\_\_\_ yes \_\_\_\_ no

**I have read and understand the Computers Plus Information Sheet and would like my program to participate in this project. I understand reimbursement for internet access will only be provided if at least 75% of the participants complete their coursework with a grade of "C" or higher.**

\_\_\_\_\_  
Signature of Director

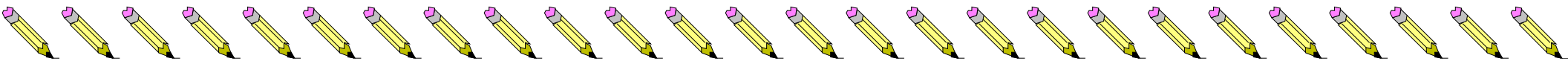
\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Owner (if different)

\_\_\_\_\_  
Date

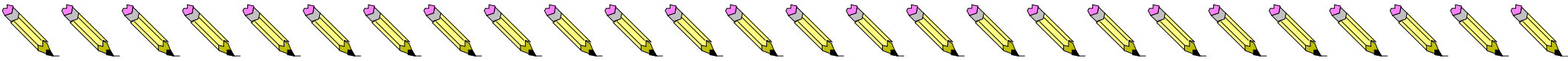
***Please complete the attached staff chart for all staff that may participate in Computers Plus.***

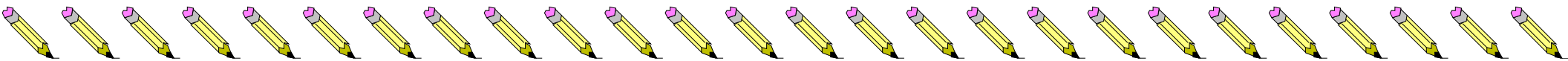
**Computers Plus is subject to availability of funds. Program may change as needed.**



Please complete chart for all staff that may participate in Computers Plus.

Name of Student and Position	Ages and number of children enrolled in classroom	# of education points on revised star rated license (if known)	List courses participating staff are planning to take during the Fall 2008 semester (if known)	Internet hybrid, day, or night class?	Educational Institution	Date of Registration (attach copy of registration forms if available, NA if not yet registered)
(example) Connie Caregiver Lead Teacher	2 year olds 8 enrolled	3 points	EDU 146, Child Guidance	hybrid	COA	NA





<b>Name of Student and Position</b>	<b>Ages and number of children enrolled in classroom</b>	<b># of education points on revised star rated license (if known)</b>	<b>List courses participating staff are planning to take during the Fall 2008 semester (if known)</b>	<b>Internet hybrid, day, or night class?</b>	<b>Educational Institution</b>	<b>Date of Registration (attach copy of registration forms if available, NA if not yet registered)</b>

