

BEFORE AND AFTER SCHOOL PROGRAMMING



PROGRAM APPLICATION FORM

Name of Organization

Contact Name

Email

Phone Number

What P3 site(s) are you interested in applying service to? (Please rank)

1st Choice

2nd Choice

3rd Choice

4th Choice

Describe your organization and structure. What is your mission and values?

Describe any previous experiences providing before and after school care?

What criteria are you considering when hiring staff for your program?

Highlight your philosophy engaging children under the age of 12.

If you are chosen as a provider, what would your program look like? You may consider highlighting a typical morning or after school experience. Include your hours of operation and any unique program you may offer.

What are your safety requirements?

Highlight ways in which you will communicate with families and the school.

Please provide three references:

Name	Name	Name
Phone	Phone	Phone
Email	Email	Email