





# **Inclusion Program**

#### ENROLLMENT INFORMATION

## **Program Description**

The Inclusion Program is designed to promote the successful inclusion of children with disabilities into early care and education settings. Services include site visits by a coach trained in early childhood special education and includes regular monthly meetings between the director and the Inclusion Coach. The program supports directors and teachers; support is also available for individual children in the classroom. Upon acceptance of this application, an enrollment orientation will be scheduled and detailed program information will be provided.

# **Contact Information** Child Care Center Preschool Home Site Name: Site Phone: Site Fax: Physical Address: Mailing Address (if different from above): Director: Director Email: Director Phone #: ☐ Direct ☐ Cell Preferred form of contact: Email Site Phone Direct Line Cell Phone Other: Owner Name(s): Owner Email: Owner Phone #: **Site Information** Number of Years in Operation: Days/Hours of Operation:

AZ Workforce Registry Program ID #:				
DHS License #:				
DES Certification #:				
Quality First ID #				
Quality First ID #:  Has this site ever been nationally accredited by one of the following? (Please check all that apply)  NAEYC (National Association for the Education of Young Children Accreditation)  NAC (National Association Commission for Early Care and Education Programs)				
NECPA (National Early Childhood Program Accreditation)  ACSI (Association of Christian Schools International)  AMS (American Montessori Society)  AMI (Association Montessori International)				
Average daily attendance for children <b>thr</b> e				
Number of classrooms or groups for child Infants	ren: Toddlers	Preschoolers (not yet in kindergarten)		
What is the primary language used for inst	truction in your program?			
Do you have any teachers whose primary language is NOT English?  Yes  No				
If yes, please describe:				
What type of curriculum does your site use?				
Is your site enrolled in the Quality First (QF) program through First Things First?				
☐ Yes, enrolled in QF ☐ Applied, not yet enrolled ☐ No, not enrolled in QF ☐ QF Field Test				
If yes: How long have you been involved in the program?				
Have you been assigned a coach?				
If you have been assigned a Quality First Coach, please provide the following information if available:				
Phone:				
If you have been assigned a Smart Support Consultant, please provide the following information if available:				
Phone:				

Does your program have (For example, accreditation suppo					
□Yes [	□No			-	•
If yes, please spe	cify prog	gram name(s):			-
Staff Information					
Number of full-time and	_				
En11 4ims	Teac	hers	Teacher	-Aids	Administrators
Full-time					
Part-time					
Number of years current	director l	nas been at this sit	re:	1	
·					,
Number of staff at the following	llowing e	ducation levels:	Master's degree		
			Bachelor's deg Associates degr		
				oloma or equivalent	
			Other	y	
			Please Specify:		
How many staff are curre	satly anro	allod in an early of	bildhood training or	advantion program?	
MOW IIIdily Stall are cure	muy eme	illed in an earry or	Illunoou naming oi	education program:	
<b>Child Information</b>					
Enrollment for children <b>t</b>	hrough a	age 5 (and not in l Infants	indergarten):  Toddlers  3 - 5 Year-Olds		Vaca Olda
		(0-12 months)	(13-35 months)		who are not in kindergarten)
Licensed Capacity		(0 12 1110110110)	(Te ee monum)	(comonana una craor	mo mo mo minorgazoni
Current Enrollment					
Number of children <b>thro</b>	ugh age	5 (and not in kind	ergarten) with iden	tified special needs:	
	Education P	ication Plan (IEP) or an Individual Family Service Plan (IFSP)  Toddlers  3 - 5 Year-Olds			
(0-12 months)		-35 months)	(36 months and older who are not in kindergarten)		
(o 12 monus)	(10	ee monuns,	(comon	WID WIG 52461 WIIG W 6 110	an illinovigution)
Number of children <b>thro</b>				ecial health care needs:	
*For example-severe allergies, astl  Infants		Toddlers	ment, etc.  3 - 5 Year-Olds		
(0-12 months)		-35 months)	(36 months and older who are not in kindergarten)		
				<del></del>	

	of in Kindergarten) whose primary language is not English:
Primary Language is Spanish	
Other Primary Language	
Please Specify:	
rease speerly.	
Have you ever served children with special	I needs? If so, describe your experience and any supports in place.
litave you ever served emidien with special	needs. It so, describe your experience and any supports in place.
<b>Inclusion Program Participation</b>	
Why are you interested in participating in t	this program? What results would you hope to see?
<b>Enrollment Verification</b>	
By signing below. Lacknowledge that I have	ve reviewed this enrollment information and affirm that all the information
contained within it is true and accurate.	
contained within it is true and decurate.	
Printed Name:	
Fillited Name.	
Signature:	
Date:	

### Please submit enrollment information to:

Southwest Human Development Attn: Inclusion Program Manager 2850 N. 24<sup>th</sup> Street Phoenix, AZ 85008 602-633-8454 602-468-3407 (fax)

First Things First (FTF) approved by Arizona voters, works to ensure that our youngest children have access to quality early childhood experiences so they will start school healthy and ready to succeed. Across the state, FTF regional partnership councils – in collaboration with local leaders – identify the education and health needs of children from birth through age 5 in their communities and fund strategies to address those needs.

Southwest Human Development is the Easterseals affiliate for central and northern Arizona.