

Candidate Application for SAC Credential Prep Course



NEW YORK STATE
NETWORK FOR
YOUTH SUCCESS

Candidate Information

Candidate Name	Phone Number	E-mail Address
Home Address (City, State, ZIP code)		
Program Name	Program Address (City, State, ZIP code)	
Job Title/Role	Do you work directly with children?	# of Children:
	Yes No	Age(s) of children:
High School Graduate	GED?	Additional Education & Major Field of Study:
Yes No	Yes No	
Are you employed outside child care? If so, where?		Do you supervise other staff? If so, how many?

About the Program

Affiliate Organization/Sponsoring Agency:	Program Schedule: <input type="checkbox"/> School-Year Only <input type="checkbox"/> Year-Round <input type="checkbox"/> Special Summer Programming
License/Registration Number (If Applicable):	

Funding

My program is PRIVATELY funded by: <input type="checkbox"/> Parent Fees & Subsidies <input type="checkbox"/> Grants <input type="checkbox"/> Other (Please Describe):	OR	My program is a PUBLIC organization funded by: <input type="checkbox"/> Parent Fees & Subsidies <input type="checkbox"/> Grants <input type="checkbox"/> Other (Please Describe):
My program receives special funding through: <input type="checkbox"/> 21st Century <input type="checkbox"/> Advantage Afterschool <input type="checkbox"/> Out of School Time (OST) <input type="checkbox"/> Other (Please Describe):		Meals and/or Snacks are provided by: <input type="checkbox"/> CACFP <input type="checkbox"/> The School District <input type="checkbox"/> The Program <input type="checkbox"/> Parents

Location – choose ONE of the options below

<p>My program is based in a SCHOOL</p> <p><i>(check all that apply)</i></p> <p>My program has access to the:</p> <p><input type="checkbox"/> Cafeteria</p> <p><input type="checkbox"/> Gym</p> <p><input type="checkbox"/> Outdoor playground/playing fields</p> <p><input type="checkbox"/> Kitchen (staff only)</p> <p><input type="checkbox"/> Kitchen (for children, approved by OCFS on floor plan)</p> <p><input type="checkbox"/> Classrooms</p> <p><input type="checkbox"/> Other (Please Describe):</p>	<p>My program is based in a CHILD CARE CENTER</p> <p><i>(check all that apply)</i></p> <p>My program has access to:</p> <p><input type="checkbox"/> Dedicated classroom for School- Age</p> <p><input type="checkbox"/> Shared classroom space (with whom?)</p> <p><input type="checkbox"/> Indoor gross motor space</p> <p><input type="checkbox"/> Outdoor gross motor space</p> <p><input type="checkbox"/> Kitchen (staff only)</p> <p><input type="checkbox"/> Kitchen (for children, approved by OCFS on floor plan)</p> <p><input type="checkbox"/> Other</p>
<p>My program is based in a COMMUNITY CENTER:</p> <p><i>(check all that apply)</i></p> <p>My program has access to:</p> <p><input type="checkbox"/> Dedicated classroom for School- Age</p> <p><input type="checkbox"/> Shared classroom space (with whom?)</p> <p><input type="checkbox"/> Indoor gross motor space</p> <p><input type="checkbox"/> Outdoor gross motor space</p> <p><input type="checkbox"/> Kitchen (staff only)</p> <p><input type="checkbox"/> Kitchen (for children, approved by OCFS on floor plan)</p> <p><input type="checkbox"/> Other (Please Describe):</p>	<p>My program is in ANOTHER type of site (Please Describe):</p> <p><i>(check all that apply)</i></p> <p>My program has access to:</p> <p><input type="checkbox"/> Dedicated classroom for School- Age</p> <p><input type="checkbox"/> Shared classroom space (with whom?)</p> <p><input type="checkbox"/> Indoor gross motor space</p> <p><input type="checkbox"/> Outdoor gross motor space</p> <p><input type="checkbox"/> Kitchen (staff only)</p> <p><input type="checkbox"/> Kitchen (for children, approved by OCFS on floor plan)</p> <p><input type="checkbox"/> Other (Please Describe):</p>

<p>Community</p> <p><input type="checkbox"/> Rural</p> <p><input type="checkbox"/> Suburban</p> <p><input type="checkbox"/> Urban</p>	<p>Course Information</p> <p>Course Start Date:</p>
<p>Are there any conditions that may interfere with safe daily outdoor play? If so, please describe:</p>	<p>Anticipated Completion Date:</p>
<p>What is/are the principle language(s) spoken by the children and staff?</p>	<p>Instructor:</p>

Supervisor Support

I approve and support this candidate taking the School-Age Credential Preparatory Program.

Supervisor's Signature _____ Date _____

Supervisor's Name: _____ Supervisor's Email _____

Candidate Attestation

I certify that all of the information provided in this document is accurate and truthful to the best of my knowledge.

Candidate's Signature _____ Date _____

Please return with \$100 registration fee (This is deducted from overall tuition fee) to: AfterSchool Works! NY, 991 Broadway, Albany, NY 12204