



# On My Way Pre-K Provider Application



This application must be completed fully and submitted to the Office of Early Childhood and Out-of-School Learning prior to enrollment of children as an approved On My Way Pre-K program.

Pre-K Program Name \_\_\_\_\_

Business Name or School District Name \_\_\_\_\_  
(If different from Program Name)

Pre-K Program Address: \_\_\_\_\_

City \_\_\_\_\_ IN County \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone number (\_\_\_\_) \_\_\_\_\_ Cell phone (\_\_\_\_) \_\_\_\_\_ (text ☐ Y ☐ N)

Primary Contact Name \_\_\_\_\_ Title \_\_\_\_\_

Email Address \_\_\_\_\_

**All programs must meet legislated eligibility requirements based on auspice:**

REQUIRED ELIGIBILITY STATUS				
Check one	Auspice	License/Registration (enter number in this box)	Paths to QUALITY (circle appropriate Level)	
<input type="checkbox"/>	Home		Level 3	Level 4
<input type="checkbox"/>	Center		Level 3	Level 4
<input type="checkbox"/>	Registered Ministry		Level 3	Level 4
<input type="checkbox"/>	Public/Charter School		Level 3	Level 4
<input type="checkbox"/>	Private School	EX/IDOE school number	Paths to QUALITY	
	PTQ or		Level 3	Level 4
	Accreditation	Name of Accrediting Body:		
<b>**Please attach <u>proof of accreditation from Accrediting Body</u></b>				
		EX# or IDOE school number		
<input type="checkbox"/>	Public/Charter School	/		

**All OMWPK vouchers must have a match component of at least five percent (5%) but not more than fifty percent (50%) of the tuition for eligible children under the prekindergarten pilot program. Match funds must be paid from donations, gifts, vouchers, bequests, and other funds received from a private entity or person, from the United States government, or from other sources (excluding funds from this voucher and excluding other state funding).**

*Please check with county foundations, coalitions or other entities who may be available in your county to help provide this match. Please contact [pre-k@fssa.in.gov](mailto:pre-k@fssa.in.gov) if you have questions or need assistance. If your county does not provide match funds, you will be billed for each OMWPK child enrolled in your program.*



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It is the expectation that On My Way Pre-K programs will offer families hours of care within the program's operational hours. For example, if your program is open /offered from 7am – 6pm, the On My Way Pre-K voucher will cover any hours within that time frame.

## Pre-K program type offered

☐ Full-Time and/or ☐ Part-Time  
(Please Select one or Both)

## Full-Time Program Design

☐ Not Applicable

Operation Hours	Times	Monday	Tuesday	Wednesday	Thursday	Friday	Full-Time Hours Per Week
	Start time						
	End time						
	Total Hours						

## # weeks per year your program is offered per year

**OMW Program Dates:** (MM/YYYY) to (MM/YYYY)  
On My Way Pre-K programs may be offered for an academic year or full calendar year.

\_\_\_\_\_ to \_\_\_\_\_

## Maximum Capacity (for Pre-K four-year-olds)

When calculating maximum enrollment capacity, please consider your licensing, registration and accreditation standards. You may not exceed the requirements for minimum square footage, staff to child ratios, group size or overall capacity. If you are adding a classroom please consult with your licensing, registration or accreditation representative to ensure that your program is maintaining compliance with all requirements. You should also be sure you will be able to secure match funds for these vouchers.

## Part-Time Program Design

☐ Not Applicable

Operation Hours	Times	Monday	Tuesday	Wednesday	Thursday	Friday	Part-Time Hours Per Week
	Start time						
	End time						
	Total Hours						

## # weeks per year your program is offered per year

**OMW Program Dates:** (MM/YYYY) to (MM/YYYY)  
On My Way Pre-K programs may be offered for an academic year or full calendar year.

\_\_\_\_\_ to \_\_\_\_\_

## Maximum Capacity (for Pre-K four-year-olds)



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*When calculating maximum enrollment capacity, please consider your licensing, registration and accreditation standards. You may not exceed the requirements for minimum square footage, staff to child ratios, group size or overall capacity. If you are adding a classroom please consult with your licensing, registration or accreditation representative to ensure that your program is maintaining compliance with all requirements. You should also be sure you will be able to secure match funds for these vouchers.*

Programs must maintain eligibility throughout the Pre-K program year as defined by IC 12-17.2-7.2-2 and comply with all licensing requirements for your program auspice.

Programs are required to maintain their PTQ level throughout the OMW program year. A drop in PTQ level may result in the loss of eligibility to continue participating as an OMW provider.

Programs may also decline to participate in OMW at any time. They must notify their OMW Pre-K manager if they no longer wish to participate so vouchers can be reassigned.

I understand that by submitting this application, I agree to participate in the On My Way Pre-K Program. I understand that I must also complete and sign ***the required On My Way Pre-K Provider Agreement***. (This agreement will be emailed to you at the email address indicated on this application if not included.)

I understand that once the information is received, processed and validated, my Pre-K Program will be approved as an On My Way Pre-K Program and my Pre-K Program will be added to the list of options for families receiving the On My Way Pre-K Voucher may choose.

Authorized Signature \_\_\_\_\_

Printed Name \_\_\_\_\_ Date of signature \_\_\_\_\_

*FSSA will process and verify the information submitted. You will be notified via email once your enrollment is complete. Completed forms may be emailed to [pre-k@fssa.in.gov](mailto:pre-k@fssa.in.gov) or mailed to the following address:*

**Office of Early Childhood and Out of School Learning**  
**402 West Washington Street**  
**W-362 MS-02**  
**Indianapolis, IN 46204-2739**  
or faxed to  
[317-234-6905](tel:317-234-6905)