



# 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 as an On My Pre-K approved program.

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

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

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

Phone number (\_\_\_\_) \_\_\_\_\_ Fax number (\_\_\_\_) \_\_\_\_\_

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

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

<b>REQUIRED ELIGIBILITY STATUS</b>						
<b>Check box</b>	<b>Auspice</b>	<b>License/Registration/EX# (enter number in this box)</b>	<b>Paths to QUALITY (circle appropriate Level)</b>			
	Home		Level 3	Level 4		
	Center		Level 3	Level 4		
	Registered Ministry		Level 3	Level 4		
	Public School		Level 3	Level 4		
	Charter School		Level 3	Level 4		
	Private Accredited School**	Name of Accrediting Body:	PES/CCDF Approved	Level 2	Level 3	Level 4
**Please attach <b>proof of accreditation from Accrediting Body</b> and proof that accreditation <b>includes the school's Pre-K</b> classrooms.						



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**Pre-K Program Information:**

On My Way Pre-K programs may be offered for an academic year or full calendar year.

1. Please indicate the school year your program will begin enrolling On My Way Pre-K Children	_____ to _____ (MM/YYYY) (MM/YYYY)	
2. What is your maximum enrollment capacity for four year olds receiving an On My Way Pre-K grant?		
3. <b>For Marion County only</b> , what is your maximum enrollment capacity for three year olds receiving an Indy PSP grant?		
4. Do you plan to provide transportation for participating children	YES	NO

*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.*

**Program Design:**

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

Operation Hours	Times	Monday	Tuesday	Wednesday	Thursday	Friday	
	Start time						
	End time						Hours Per Week
	Total Hrs						

(Please keep in mind **a minimum of 450 hours and 180 days of Pre-K service must be offered per program year.**)

**Program Cost:**

On My Way Pre-K grant payments are based on amounts set by legislation UNLESS the program’s cost per child is less. Programs will be required to complete a Provider Information Form for each family/grant. Please enter your program costs charged to all families:

Your <b>TOTAL</b> cost for a 4 year old child per program year	\$
# weeks per year your program is offered	
Your weekly charge	\$



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I understand that by submitting this application, I am agreeing to participate in the On My Way Pre-K Program. I understand that I must also complete any additional required vendor forms and sign the provider agreement. 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 Grant may choose.

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

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

***Once this application is complete and signed by an authorized representative of the Pre-K Program, send it to the address listed on the right.***

***Prior to approval as an On My Way Pre-K Program you must sign and return the required On My Way Pre-K Provider Agreement. This agreement will be emailed to you at the email address indicated on this application.***

***FSSA will process and verify the information submitted. You will be notified via email once your enrollment is complete.***

Return these forms to the following address:

Office of Early Childhood and Out of School Learning  
402 West Washington Street  
W-361 MS-02  
Indianapolis, IN 46204-2739

Completed forms may also be emailed to - [pre-k@fssa.in.gov](mailto:pre-k@fssa.in.gov) or faxed to [317-234-6905](tel:317-234-6905)

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✓	<b>FOR OFFICE USE ONLY</b>	Initials	Date
	PTQ Level /Accreditation verified		
	Program in good standing w/state		
	Minimum # hrs/days offered		
	Application signed and dated		

	Sent for TIN match /received if CCDF <b>NO</b>		
	W-9 completed for TIN match if applicable		
	Program entry in RCCS- pre-k detail page		
	Signed provider agreement received – checked in RCCS		
	Welcome Email sent		