



Program Profile Information		
First Name:	Last Name:	Title:
License ID#: (If Applicable)	License Capacity:	License Expiration:
Program/School Name:		
Program/School Address:		
City/Town:	Zip Code:	County:
Phone:	Email:	
Accredited: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Name of Accreditation:		Accreditation Valid Until: MM / DD / YY
Active Member in Professional Impact of New Jersey (PINJ) Registry: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Umbrella Organization/Lead Agency Contact Information (if applicable)		
Organization/School District Name:		
Address:		
City/Town:	Zip Code:	
First Name:	Last Name:	
Title:		
Phone:	Email:	
Program Information		
Check all that apply:		
Head Start:	<input type="checkbox"/>	Subsidized Program via CCR&R: <input type="checkbox"/>
Early Head Start:	<input type="checkbox"/>	Private School for Children with Disabilities <input type="checkbox"/>
Preschool in a former Abbott (school-based):	<input type="checkbox"/>	Private, non-profit: <input type="checkbox"/>
Preschool in a former Abbott (provider):	<input type="checkbox"/>	Private, for-profit: <input type="checkbox"/>
Other district preschool:	<input type="checkbox"/>	Tuition-based (some or all children): <input type="checkbox"/>
	<input type="checkbox"/>	Other _____ <input type="checkbox"/>
Program is in good standing with Office of Licensing: Yes <input type="checkbox"/> No <input type="checkbox"/> License Exempt <input type="checkbox"/>		
Program is in good standing with State/Federal Programs (DHS, DOE, HS): Yes <input type="checkbox"/> No <input type="checkbox"/>		
Are you using a nationally-recognized or state DOE-approved curriculum: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Name of curriculum: _____		
Are you using the NJ Birth to Three Early Learning Standards/Preschool Standards: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Participating in or have participated in the Strengthening Family Initiative: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Participating in the USDA Food Program: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Does your program serve English language learners? Yes <input type="checkbox"/> No <input type="checkbox"/> How many? _____		
Does your program serve children with disabilities in:		
Self-contained classrooms? Yes <input type="checkbox"/> No <input type="checkbox"/>		Inclusion classrooms? Yes <input type="checkbox"/> No <input type="checkbox"/>



Program/School Name:

Program Enrollment Information

	License Capacity		Current Enrollment		Total children receiving financial assistance (subsidy)	Classrooms/Rooms
	Full Time	Part Time	Full Time	Part Time		Total # of available classrooms/rooms for each age group
# of Infants						
# of Toddlers						
# of Preschoolers						
# of School Age						

Staffing Information*

	# Part Time	# Full Time	Total	# with Inf/Tod Cred	# with CDA	# with AA- ECE	# with other BA/BS	# with P-3	# with N-8
Teachers									
Teacher Assistant									
Paraprofessional									

*For staffing, DO NOT include substitutes, volunteers or other non-classroom staff.

Upon completion – please submit the Enrollment Form via mail, email or fax to:

Shonda Laurel
 Division of Family Development
 6 Quakerbridge Plaza
 P.O. Box 700
 Trenton, NJ 08625

Shonda.Laurel@dhs.state.nj.us

Fax: 609-588-3051