

School District Name:

APPLICATIONPublic School Prekindergarten Programs

Public school prekindergarten programs meeting School Readiness program and supervision requirements according to Minnesota Statutes 124D.15, charter school, preschool, and



School District Number:

prekindergarten programs recognized by the Minnesota Department of Education (MDE) are eligible to apply for a Parent Aware Four-Star Rating through the Accelerated Pathway.

Program Identification Information – The "Program" will be the name of the school district or charter school.

Program Address:					Phone:	Phone:		
City:			ZIP Code:		County:			
rimary Contact's Name	e and Email:				l .			
Information – The "Sites, there will only be or d care services or have tiple Parent Aware site	ne Rating per bu a portion of the	ilding location. Ho program that may	wever, distri v utilize child	icts or charted care assista	ers with exteance will nee	ended-day or ved to be classif	wrap-around fied with	
Site name(s) and location May attach additional sheet with site information that does not fit on this page.	DHS License #/ Certification # (if applicable)	Full Address	County	Phone	# of Classrooms	Type of program (half day, full day, extended day)**	Child Care Assistance Program (CCA funds? If yes enter MEC ² #	
xample: Prekindergarten t DEF Elementary	N/A	123 Alphabet Lane Roseville, MN 55113	Ramsey	888-888- 8888	2	Half day		
xample: Extended Day rekindergarten at DEF lementary								
*Half day is considered onsidered more than 6	•	per day, full day is	considered	3.6 to 6 hou	lurs per day, a	l and extended	is	

List Name(s) of Assessment Tool(s) Used in Program:					
If your assessment is not on the approved list, complete the Child Assessment Nomination Form. Are the assessment tool(s) listed above used in all programs, sites, and classrooms? Yes No f you answered NO, explain:					
Staff Development Information					
Individual lead staff are required to submit training verification in the last five years from the signature date of this application. Provide teacher's name, training, hours on the Parent Aware Training Inventory. State of Minnesota ageappropriate licensed teachers are required to submit their teacher license, along with 10 hours of Assessment, Evaluation and Individualization (KCF IVa-IVb).					
Teachers who do not have a Minnesota age-appropriate teaching license are required to submit 10 hours of Developmentally Appropriate Learning Experiences training as aligned with the Knowledge Competency Framework (KCF) lia-lie and 10 hours of Assessment, Evaluation and Individualization (KCF IVa-IVb). You will need to provide documents of the training for each individual. Teachers with a Minnesota age appropriate teaching license must be included on the Parent Aware training inventory for KCF IIa-lie and indicate their teacher license file folder number.					
Verification of Information					
☐ Parent Aware Participation Agreement ☐ Parent Aware Training Inventory (KCF IIa-IIe AND KCF IVa-IVb) ☐ Individual Licensed Lead Staff Training Documentation, as noted above, and MDE Age Appropriate Teacher(s) License # OR ☐ Individual Non-licensed Lead Staff Training, as noted above					
☐ Copy of Assessment Nomination Form (if applicable)☐ Copy Curriculum Nomination Form (if applicable)					
By signing below, I verify that all information provided in this application is valid and accurate. Public school districts must follow the School Readiness program & supervision requirements (Minnesota Statutes, section 124D.15, Subd. 3, Subd.10). If my program or any sites change during the duration of the Rating, I will submit a Parent Aware Addendum application to the Minnesota Department of Education.					
SCHOOL DISTRICT					
Licensed Early Childhood Program Supervisor					
Print Name					
Signature Date					
Director (Community Education, Principal, or Superintendent)					
Print Name					

Signature	Date
CHARTER SCHOOL	
This early childhood program has been officially i	recognized by the Minnesota Department of Education (MDE).
Licensed Early Childhood Teacher	
Print Name	
Signature	Date
Charter School Director	
Print Name	
Signature	

Scan and email completed Application and Participation Agreement to:

Support@parentaware.zendesk.com