DENVER PRESCHOOL PROGRAM

DENVER PRESCHOOL PROGRAM, INC.
Provider Agreement
Application

This Agreement is entered into by the Denver Preschool Program, Inc ("DPP") and the following named preschool provider ("Provider"). The following are the basic terms of the Agreement:

Name of Preschool: _____

Name of Contact: _____

Preschool Address: _____
(street, city, county, and zip code)

Phone Number: _____ E-mail Address: _____

Fax Number: _____

Preschool License: _____ EIN Number: _____

For prompt payment directly to your account, please fill out the information below.

Bank Name: _____

Routing Number | | | | | | | | | |

Bank Account Number | | | | | | | | | | | | | | | | |

Checking ☐ **Savings** ☐

Filling in the above information authorizes the Denver Preschool Program to initiate credits and correcting debits to the above account. A debit withdrawal will only occur to this account if a credit (deposit) is originated in error. You will be notified if a debit to your account occurs. As a provider you also agree to submit a request, in writing, to change or cancel this authorization. Please include the name of the person who will be handing matters related to the account if the person is different from the person signing the Provider Agreement.

Account Contact Name: _____

Funding
Are you a recipient of funds from the following programs? Please check all that apply.
CCCAP: ID No. _____
Colorado Preschool Program: __ Head Start: __ Early Reading First: __

Faith-Based
Are you a faith-based organization? Yes___ No___
If yes, are you able to offer the Denver Preschool Program in a location and at a time different from whatever religious programs/instruction you offer? Yes___ No___
If you cannot, please explain the reasons:

Please attach a schedule showing religious and non-religious instruction (per DPP policy).

Instruction
Do you provide classroom instruction in a language other than English? Yes___ No___

If yes, please list language(s):_____

Please list the number of classrooms in your program with DPP eligible children: _____
Please list the number of ECE classroom in your program (Infant – Preschool): _____

Denver Preschool Program, Inc., Colorado non-profit corporation	**PRESCHOOL PROVIDER:** _____
By: _____	By: _____
Title: _____	Title: _____
DPP Approval Date: _____	Date: _____

PROVIDER MUST ATTACH TO THIS APPLICATION:

(1) A list of DPP eligible children (in their last year of preschool before kindergarten) that are currently enrolled in your program
(2) A current rate schedule for extended-time, full-time and part-time students enrolled in its preschool program, and
(3) A copy of your certificate of insurance that includes the provisions as outlined in the *Insurance* section of the Provider Agreement to the DPP

PLEASE SUBMIT PROVIDER AGREEMENT APPLICATION TO:

Qualistar Colorado
Attn: Denver Preschool Program Coordinator
3607 Martin Luther King Blvd.
Denver, CO 80205
Fax: 1.888.303.1688 / Phone: 303.339.6832