



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