

# Leadership In Action Program Application



## Program Information

Early Childhood Program Name: \_\_\_\_\_

Program License/Certification Number: \_\_\_\_\_  DHS License Number  
 DES Certification Number

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address (If different from physical address): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

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

Type of Program:  For-Profit  Public School  
 Non-Profit  Head Start  
 Faith Based  Other (please describe) \_\_\_\_\_

Number of Children Currently Enrolled: \_\_\_\_\_ Total Licensed Capacity: \_\_\_\_\_

Quality First Participation Status:  Enrolled  Waiting List  
 Declined  Never Applied

Age Groups Served:  Infants  1 year olds  2 year olds  
 3 year olds  4 year olds  5 year olds

Days of Operation:  Monday  Tuesday  Wednesday  Thursday  
 Friday  Saturday  Sunday

Hours of Operation: \_\_\_\_\_ AM to \_\_\_\_\_ PM

Months of Operation:  January  February  March  April  
 May  June  July  August  
 September  October  November  December

Date Program Established (at this location): \_\_\_\_\_

How would the **program** benefit from participating in the Leadership In Action Program?

\_\_\_\_\_

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## Facility Representative Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Current Job Title:  Center Director  Owner  Owner/Director  
 Assistant Director  Family Child Care Provider  
 Other (please describe) \_\_\_\_\_

Highest Level of Education:  High School Diploma/GED  CDA Credential  
 Associate Degree (Early Childhood)  Associate Degree (Other)  
 Bachelor Degree (Early Childhood)  Bachelor Degree (Other)  
 Masters Degree (Early Childhood)  Masters Degree (Other)  
 Other (Please specify) \_\_\_\_\_

How would **you** benefit from participating in the Leadership In Action Program?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Participation Agreement

If selected to participate in the Leadership in Action Program, I agree to the following:  
(Please initial in acknowledgement of criteria)

\_\_\_\_\_ Attend Leadership In Action Orientation \_\_\_\_\_ Be available for monthly on-site visits  
\_\_\_\_\_ Attend monthly cohort meetings \_\_\_\_\_ Collaborate with program owner and/or management to improve the quality of care  
\_\_\_\_\_ Attend the semi-annual Leadership Symposiums

\_\_\_\_\_  
*Applicant Signature* \_\_\_\_\_ *Title* \_\_\_\_\_ *Date* \_\_\_\_\_

\_\_\_\_\_  
*Program Owner or District Manager* \_\_\_\_\_ *Title* \_\_\_\_\_ *Date* \_\_\_\_\_

Please contact Sherri Jones, LIAP Program Coordinator, at 480-829-0500 x 1202 or 800-535-4599 x 1202 with any questions.

Applications can be submitted through the following methods:

Mail: Association for Supportive Child Care  
Attn: LIAP  
3910 S. Rural Rd. Ste. E  
Tempe, AZ 85282

Email: Sherri Jones  
Program Coordinator  
[sjones@asccaz.org](mailto:sjones@asccaz.org)

Fax: 480-820-7288

Apply online at: [www.asccaz.org/liap.html](http://www.asccaz.org/liap.html)