Revised July 2011

SACC

Ohio Department of Education
Office of Early Learning and School Readiness
Program License Application

This application should be completed by the entity responsible for the programs operations. This may be a school district, educational service center, chartered non-public school or county board of MR/DD or **Community** schools. Privately operated programs must apply to the Ohio Department of Job & Family Services for their Preschool program.

To be included with this application:
Current fire inspection, food license or exemption & building approval (from your local building authority) if your program is not located in a school building.

Section I

School District / Diocese Name:	
District IRN:	**County:**
Superintendent:	
Mailing Address:	
City & Zip:	
Phone: ( )	**FAX: ( )**
e-mail address :	

Building Name where program(s) is located:	**Building IRN:**
Program Name:	**County:**
Building Address:	
City & Zip:	
Phone: ( )	**FAX: ( )**

Section II Superintendent

I assure that the School-age Child Care program listed will be operated in accordance with **OAC 3301-32 Rules for School Child Care programs.**

_____ _____
Date Superintendent

Section III Program operating information

School year	**Date session will begin** _____ **End**_____
Summer program	**Date session will begin** _____ **End**_____

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Information for each program:	Identify person to receive copy of compliance report:
Hours children attend (School year) Morning __:__to __:___ Afternoon ___:__ to __:__ Days of Operation (circle) M T W R F Ages of children served (circle) 5 - 10 11 - 14 Summer hours children attend Morning __:__to __:___ Afternoon ___:__ to __:__	Name_____ Position / Title _____ Address_____ City Zip_____ Phone _____ Fax_____ e-mail_____
21st Century Grant program Hours children attend (School year) Morning __:__to __:___ Afternoon ___:__ to __:__ Days of Operation (circle) M T W R F Ages of children served (circle) 5-10 11-14 Summer hours children attend Morning __:__to __:___ Afternoon ___:__ to __:__	Name_____ Position / Title _____ Address_____ City Zip_____ Phone _____ Fax_____ e-mail_____

INFORMATION FOR PROGRAM SPACE

Room _____ Location_____ Width (W) _____ ft. _____ in. Length (L) _____ ft. _____ in.	Room _____ Location_____ Width (W) _____ ft. _____ in. Length (L) _____ ft. _____ in.	Room _____ Location_____ Width (W) _____ ft. _____ in. Length (L) _____ ft. _____ in.	Room _____ Location_____ Width (W) _____ ft. _____ in. Length (L) _____ ft. _____ in.

Mail all applications to:

PS & SACC Program Licensing
Ohio Department of Education
25 South Front St. **Mail Stop 208**
Columbus, OH 43215