

# Department of Children and Families

## AFTER SCHOOL PROVIDER PROGRAM DESCRIPTION

### Credentialing Application

Use separate form for each program

DATE:
AGENCY NAME:
SITE ADDRESS:
DIRECTOR or CONTACT PERSON:

**PROGRAM DESCRIPTION:** (Please include facility environment; staff & services. If serving multiple age range, how the programming is separated by age and supervision protocol for each group):

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Does your agency provide transportation?  Yes  No

Does your agency provide clinical services?  Yes  No

If yes, please describe:

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Does your agency administer medication?  Yes  No

Do you have nursing staff on site?  Yes  No

Gender Served:  Male  Female

AGE RANGE:  13-18  18+

AVERAGE CLASS SIZE:  Less than 10  10-15  15-20  20-25  25+

#### ACADEMIC ENRICHMENT (Age and developmentally appropriate)

Nature Activities, Games, or Projects  Homework Helper/Assistance

Technology Center  Technology Center

Science Activities such as Science, experiments, science field trips

Other: \_\_\_\_\_

Specify activities offered and time frame for each one:

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