

**ATTACHMENT H: STARTING POINT OUT-OF-SCHOOL TIME
PROGRAM INFORMATION FORM FOR 2011-2012 PROGRAM YEAR**

(SUBMIT A SEPARATE FORM FOR NPGR AND EACH AGENCY FOR WHICH FUNDING IS REQUESTED)

For Office Use Only

Staff Name: _____ Program ID No. _____
 Date Received: _____ Date Entered: _____

Program Name: _____
 Site Address: _____
 City: _____ Zip: _____ County: _____
 Mailing Address: _____
 City: _____ Zip: _____ County: _____
 Program Contact Person: _____
 Program Phone: () _____ Ext. _____
 Fax #: () _____ E-Mail Address: _____
 Website: _____
 Update Method: Phone Fax Postal Mail E-Mail

For Starting Point Information Only

Administrative Contact Person: _____ Phone: () _____ ext. _____

Accepted Age Range: From: [] Years To: [] Years

Days	Start Time	End Time
<input type="checkbox"/> Monday	[]	[]
<input type="checkbox"/> Tuesday	[]	[]
<input type="checkbox"/> Wednesday	[]	[]
<input type="checkbox"/> Thursday	[]	[]
<input type="checkbox"/> Friday	[]	[]
<input type="checkbox"/> Saturday	[]	[]
<input type="checkbox"/> Sunday	[]	[]

Schedule: *(Please Check one only)*
Operates:
 Full Year School Year Only Summer Only
Open Holidays:
 Yes No

Scheduling _____
Comments: _____

Program Fees *(Please Check all that apply)*

Sliding Fee Scale Sibling Discount Registration/Application Fee
 Scholarship No Fee Meal/Snack Fee Supply Fee
Comments: _____

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Out of School Time Program Capacity:
Does your program have a maximum capacity? **Yes** **No** **Youth/Adult Ratio**
If yes, please indicate your maximum capacity: _____

Languages: *(Please check all that apply)*
 English Spanish Asian American Sign Language
 Hebrew Russian Arabic Other

Transportation: *(Please check all that apply)*
 Transportation Provided Near Public Transportation
 Walking Distance to School Bus Tickets
Specifics on bus routes/information on main intersections: _____

Physical Location of Program: Faith-based Building School Building Social Service Agency
 College/University Community Center Library

Out of School Time Activities: *(Please check all that apply)*
 Academic Achievement/Tutoring Pregnancy Prevention/HIV & STDs Prevention
 Substance Abuse Prevention Social Skills/Self-Esteem Building
 Physical Activity/Athletics/Nutrition Exposure & Enrichment Programming
 Leadership/Civic Engagement Cultural Awareness/Self-Concept Programming
 Arts & Culture Career Exploration/Workforce Development
 Other: _____
Additional Program Notes: _____

Meals/Snacks: *(Please check all that apply)*
 Breakfast Lunch Afternoon Snack Dinner USDA Food Program

Professional Development: *(Please check all that apply)*
 College Degreed College Courses Workshop/Training Other

Affiliation: For Profit Non Profit

Update Completed by: _____
Date Completed: _____ **Best time to reach:** _____ **am/pm**