



## Standard Application Form - 2008

**Contact Information**

Date \_\_\_\_\_

Program Name \_\_\_\_\_

Position (e.g., owner, director, coordinator, principal) \_\_\_\_\_

Director, Owner or Principal Name (if not above) \_\_\_\_\_

Mailing Address: Street \_\_\_\_\_

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

Phone Number(s) \_\_\_\_\_ Email \_\_\_\_\_

Regulatory Status:     Registered Home     Licensed Program     Licensed Home

License/Registration # \_\_\_\_\_ Date first Licensed/Registered \_\_\_\_\_

**Points Requested**

For each arena, indicate the number of points you are requesting.

**Office Use Only**

Arena 1	Compliance History	Number of Points _____	_____
Arena 2	Qualifications and Training	Number of Points _____	_____
Arena 3	Families and Communities	Number of Points _____	_____
Arena 4	Program Assessment	Number of Points _____	_____
Arena 5	Administration	Number of Points _____	_____
Total Number of Points Requested		_____	_____
1 - 4 points	– 1 Star		
5 - 7 points	– 2 Stars		
8 - 10 points	– 3 Stars	Number of Stars _____	_____
11 - 13 points	– 4 Stars		
14 - 15 points	– 5 Stars		

**Please sign below** when sending in the application. A STARS representative will sign and return this form when the application materials have been reviewed.

\_\_\_\_\_  
Signature of Program Representative

\_\_\_\_\_  
Signature of STARS Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date