



### Application for Enrollment

**OCCL Licensed Early Care and Education Programs**

Name of Program/Person on OCCL PASSION CARE ACADEMY II  
*(as listed with the Office of Child Care Licensing)*

Type of Program:  ECE Center with School-Age Component  ECE Center without School-Age Component  
 School-Age (stand-alone program)  Family Child Care  Large Family Child Care

OCCL License # 329319 Licensed Capacity 107 Current Enrollment \_\_\_\_\_ Date of Original Licensing 08/01/15

NAEYC Accredited?  No  Yes Other Funding Sources:  ECAP  Head Start

**School District Programs**

OCCL License # \_\_\_\_\_ *(if applicable)*

Name of School District: \_\_\_\_\_ School Site \_\_\_\_\_

Funding Sources (check all that apply):  619  ECAP  Head Start  Local District Funds

Other Public Sources  Parent Fees  Title 1

Age range of Children Accepted at Program 1-14 YEARS

EIN/Tax ID 473773746

Hours of Operation: 6:30 to 5:30

Physical Address of Program:

Mailing Address of Program:

1206 DELAWARE STREET

P.O. BOX 1307

NEW CASTLE, DELAWARE 19720

BEAR, DELAWARE 19701

County NEW CASTLE

Non-Profit:  Yes  No

Program Phone # (302) 328-8030

E-mail LOLAMAYO@PASSIONCAREACADEMY.COM

Contact Person and Title \_\_\_\_\_

Type of Purchase of Care Accepted:  POC  POC Plus  Self-Arranged  POC Not Accepted

Number of Slots Available for POC Children 95 Number of POC Children Currently Enrolled 85

Number of Dual Language Learners (children whose primary language is not English) Currently Enrolled 50

Number of Children with Identified Disabilities Currently Enrolled: 30 Part B / IEP 15 Part C / IFSP

Do you serve military families?  Yes  No If so,  Active Duty  Guard  Reserve *(check all that apply)*

Why did you decide to join Delaware Stars? PROMOTE QUALITY EDUCATION FOR YOUNG CHILDREN. PROVIDING CHILDREN, FAMILIES, AND PARTNERS RESOURCES TO ASSIST ALL WITH OR WITHOUT INCLUSION ENSURING POSITIVE DEVELOPMENTAL MILESTONE FOR THE CHILDREN AND FAMILIES WE SERVE ON A DAILY BASIS.

Signature of Center Administrator/FCC or LFCC Licensee/School Administrator \_\_\_\_\_

Date \_\_\_\_\_

**Mail completed applications to: Delaware Stars for *Early Success*  
 111 Alison West, University of Delaware  
 Newark, DE 19716**

**Fax completed application to: (302) 831-4223**

**Email application to: [delawarestars@udel.edu](mailto:delawarestars@udel.edu)**