

Strengthening Families Through Early Care and Education

Intent to Apply

Name of Program: _____

Name of Director: _____

Address: _____

Phone: _____

FAX: _____

Email: _____

Type of Program: _____

Number of Children: _____

Number of Staff: _____

Please complete this form and submit to:

Kathy Hall, MEd
Strengthening Families Coordinator
Child Care Connection
PO Box 141689
Anchorage, AK 99514

Phone: 563-1995

FAX: 563-1959

Email: Khall@childcareconnection.org