

**Family Enrichment Network**  
**Child Care Resource and Referral**  
24 Cherry Street \* Johnson City, NY 13790 \* 607-723-8313  
1277 Taylor Road \* Owego, NY 13827 \* 607-687-6721  
21 S Broad Street \* Norwich, NY 13815 \* 607-373-3555



**NEW STAFF/DIRECTOR TRAINING APPLICATION**

Applicant Name: \_\_\_\_\_

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

Program Address: \_\_\_\_\_

Program Phone: \_\_\_\_\_

Program Type:

- Licensed Child Care Center
- Registered School Age Child Care Program

OCFS License #: \_\_\_\_\_

Position Title: \_\_\_\_\_

Position Start Date: \_\_\_\_\_

Are you required by OCFS to take this course?

- Yes
- No

**PROVIDER DECLARATION**

My signature below indicates that I meet one or more of the requirements to receive a grant under this program. I understand that I must utilize the grant within the guidelines and for the purposes of operating a child care center or school age child care program. I understand that I am only eligible for the new staff training once. This grant is for \$240 toward the OCFS-required 15 hour Health and Safety Training for Center and SACC Directors which normally costs \$250. I will pay the remaining \$10.

Director's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\*\*\*\*\*For FEN office use only\*\*\*\*\*

Received By: \_\_\_\_\_ Date: \_\_\_\_\_

Approved:  Yes  No Reason: \_\_\_\_\_