



## Enrollment Application for the GSC-W Quality Rating & Improvement System (QRIS)

I understand that being a part of the GSC-W QRIS I am willing to be subject to assessment and monitoring by an agreed upon mentor between myself and the GSC-W staff. I understand that being a part of the GSC-W QRIS I will develop an improvement plan. With the assistance of the mentor, along with opportunities for financial and professional support assistance through the system, I agree to work on improving my program. I agree that when my program reaches a 4 to 5 Diamond rating that I will then be trained to be a mentor to other programs in my neighborhood or network. I understand that my rating will not be publicized unless I agree to it in writing.

Name of Provider (Center): \_\_\_\_\_ Lic/Reg # \_\_\_\_\_  
Attach copy

Address of Site: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Website: \_\_\_\_\_ e-mail: \_\_\_\_\_

Type of Site:

Center Based (  Private  Head Start  GSRP  Detroit Public Schools)

Group Home  Family Home  Relative/Aide

Number of children in licensing capacity: Total \_\_\_\_\_ Pre-School \_\_\_\_\_ Infant/Toddlers \_\_\_\_\_ School Age \_\_\_\_\_

Number of children currently enrolled: Total \_\_\_\_\_ Pre-School \_\_\_\_\_ Infant/Toddlers \_\_\_\_\_ School Age \_\_\_\_\_

State reasons enrollment does not match capacity: \_\_\_\_\_

Number of children currently receiving DHS subsidies paid to you: \_\_\_\_\_ (attach the most recent bill, you may black out names)