



## Quality First Program Application School Age Model

### Program Information:

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

Address: \_\_\_\_\_ City & Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Fax number: \_\_\_\_\_

Supervisor/Owner/Operator Name: \_\_\_\_\_

### Organizational Information:

Number of classrooms on site \_\_\_\_\_ Total number of licensed spaces \_\_\_\_\_

**Please list all of the classrooms on site and the number of licensed spaces**

**(E.g. Infant room, 10 spaces)**

- |    |    |
|----|----|
| 1. | 4. |
| 2. | 5. |
| 3. | 6. |

### Criteria for participating:

- Supervisor commitment to participating in all components of Quality First
- Staff commitment to participating in all components of Quality First.
- A copy of your recent clear license must be submitted with no provisions indicated, in order to commence the Quality First process.
- If at any time while participating in Quality First you receive a provisional license the Project Coordinator must be informed without delay.



Quality First is a program of The Halton Resource Connection

**Participations Fees:**

	<b>School Age Model</b>	<b>Cost</b>
<b>Level I/II Foundational/ Developmental</b>	Base rate for start up licensed capacity of up to 24 spaces	\$250
	25 to 48 licensed spaces	\$350
	49 to 72 licensed spaces	\$450
	73 to 100 licensed spaces	\$550
	101 to 150 licensed spaces	\$650
	151 to 225 licensed spaces	\$750
	226 to 300 licensed spaces	\$850
	300 to 950 licensed spaces	\$1000
	951 and over	\$1500
<b>Level III Progressive</b>	Annual renewal fee for Progressive level (upon completion of Levels I & II)	\$150/year

**Please consider completion of this application as your intent to participate in the Quality First School Age Model.**

**I agree to the above Criteria of Participation and eagerly await putting Quality First in our program.**

Supervisor Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (mm/dd/yyyy)

**Please send this application to: Quality First**

The Halton Resource Connection, 410 Bronte St. S., Milton ON L9T 0H8

Payment can be made either by phone using a credit card or by cheque made payable to:  
Milton Community Resource Centre.

For Payment/Registration, please contact the Program Assistant, Erin McAdam

Phone: (905) 876-1244 ext. 41

Email: [erinm@thrc.ca](mailto:erinm@thrc.ca)

*Supporting quality care and learning for all children and youth*



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