

SECURE Project  
Region 3 Infant/Toddler Resource Center  
Application

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

Contact Person: \_\_\_\_\_

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

County: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Modality: Family Child Care Program / Group Family Child Care Program / Child Care Center  
(Circle one)

\_\_\_\_\_ Number of Infants Currently Enrolled in Your Program  
(Ages 6 weeks to 18 months)

\_\_\_\_\_ Number of Toddlers Currently Enrolled in Your Program  
(Ages 18 months to 36 months)

Why would you like to participate in the SECURE Project?

How will participating in the SECURE Project improve the quality of your program for Infants & Toddlers?

When would you like to begin the SECURE Project? (Indicate 1<sup>st</sup> and 2<sup>nd</sup> choice)

\_\_\_\_\_ Fall \_\_\_\_\_ Winter \_\_\_\_\_ Spring \_\_\_\_\_ Summer

Return the application Arlene Brouillette at Mid York Child Care Coordinating Council  
121 Second Street, Oriskany, NY 13424