



OFFICE OF CHILD CARE LICENSING
DELAWARE FIRST
CURRICULUM APPROVAL
APPLICATION



Contact person/Organization: _____ Date submitted: _____

Address: _____
Street City, State, Zip Code

Phone number: _____ Name of trainer(s): _____

Topic/title: _____ Length of training: _____ Hours

Targeted early care audience:
_____ Family Child Care _____ Center _____ Administrators _____ All
_____ Infant/Toddler _____ School-Age

Qualifications statement: (What training/education and/or experience do you have in this topic area?)

Purpose: (Briefly describe what the training offers to participants; what will they learn?)

Training objectives: (What should participants be able to do as a result of having taken this training?)

Training outline: (Describe each section of the training - attach separate sheet if necessary)

Training Activity: (Give an example of an activity that will be used during the training)

Major resources used to develop the training: (Title and author)

Please return completed form to Office of Child Care Licensing

Office Use Only	
Reviewed by _____	Date: _____
Approved _____	Course Number: _____
Not Approved _____	Notification sent: _____
Reasons for rejection/suggestions for revisions:	