



FOUR-YEAR OLD PROGRAM APPROVAL
DEPARTMENT OF HEALTH AND HUMAN SERVICES
EARLY CHILDHOOD
SFN 1304 (4-2023)

Program Name		Number of Classrooms You Are Planning to Operate	
Program Type <input type="checkbox"/> Public School Pre-K <input type="checkbox"/> Non-Public School Pre-K <input type="checkbox"/> Head Start			
Program Site Address	City	State	ZIP Code
Contact Person		Title	
Contact Person Email Address		Telephone Number	

SECTION A: Highly Qualified Teacher(s)

Please list the teacher(s) in each four-year old classroom(s)

Name of Teacher	Teaching License Number
Name of Teacher	Teaching License Number
Name of Teacher	Teaching License Number
Name of Teacher	Teaching License Number
Name of Teacher	Teaching License Number

Name of Paraprofessional/Assistant Teacher	Paraprofessional License Number
Name of Paraprofessional/Assistant Teacher	Paraprofessional License Number
Name of Paraprofessional/Assistant Teacher	Paraprofessional License Number
Name of Paraprofessional/Assistant Teacher	Paraprofessional License Number
Name of Paraprofessional/Assistant Teacher	Paraprofessional License Number

SECTION B: Hours of Operation

Days Per Week	Hours Per Week
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SECTION C: Funding Information

Indicate Percent of Funding Received From Each Source

Title I	Donations	Local	Special Education	Tuition	State	Other
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SECTION D: Board/Policy Council Approval

The district/program must submit school board/policy council minutes reflecting initial approval of the four-year-old configuration.

Date of Initial Board Approval

SECTION E: Fire Marshal Report

The Fire Marshal report submitted must be that of the building housing the four-year-old program.

Date of Most Recent Fire and Safety Report by a Fire Marshal

SECTION F: Assurances

In making this application, I state that:

Mail the following items to:

Health and Human Services

Early Childhood

600 E Boulevard Ave Dept. 325

Bismarck, ND 58505-0250

- ☐ SFN 1304 Four-Year Old Program Approval
- ☐ Copy of most recent board approval minutes
- ☐ Copy of current Fire Marshal report
- ☐ Nonrefundable Application fee of \$50.00

- ☐ I understand all children of all abilities who are enrolled in the four-year-old program have to reach the age of four years old before August 1st of the school year.
- ☐ My curriculum is aligned with the North Dakota Early Learning Standards Birth to Kindergarten.
- ☐ I acknowledge that the program incorporates within its curriculum at least 10 hours of research-based family engagement.
- ☐ I acknowledge that authorized agents of the Department of Health and Human Services may make any reasonable and necessary investigations of my application and the program I intend to operate. I realize that I am subject to inspection for purposes of determining continued conformity to the standards under which an approval is issued.
- ☐ I will follow all four-year old program requirements approved by the department and remain in compliance with North Dakota Century Code Chapter 50-11.1-21.
- ☐ I understand if approved, approval is issued every two years. Upon determination the department will send out official notifications.

Applicant Signature

Date

DEPARTMENT USE ONLY

☐ New Approval ☐ Continuing Approval ☐ Denied

Signature

Date