

New York State Afterschool Program Accreditation Request for Program Accreditation Information

Program Contact Information

Program Name: _____

Program Street Address: _____

City: _____ State: _____ Zip Code: _____

Program Mailing Address, if Different from Above: _____

City: _____ State: _____ Zip Code: _____

Program Director: _____

Daytime Phone: _____ Mobile Phone: _____

Email Address: _____

Primary Contact (if different from Program Director): _____

Position: _____

Daytime Phone: _____ Mobile Phone: _____

Email Address: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

About Your Program

Select the definition that best describes your organization

- | | |
|---|---|
| <input type="checkbox"/> Private, not-for-profit | <input type="checkbox"/> Faith-based |
| <input type="checkbox"/> Private, for-profit | <input type="checkbox"/> Parks and Recreation |
| <input type="checkbox"/> Public school | <input type="checkbox"/> Community Center |
| <input type="checkbox"/> Private school | <input type="checkbox"/> Military |
| <input type="checkbox"/> Youth-serving (i.e. YMCA, Boys and Girls Club, etc.) | <input type="checkbox"/> Other, please describe: _____
_____ |

Please send to:
AfterSchool Works! NY
230 Washington Avenue Extension
Albany, NY 12203