



OUT-OF-SCHOOL TIME APPLICATION ARKIDS, CHILD/YOUTH HEALTH, AND CHILD/YOUTH DEVELOPMENT



Facility Name _____ License Number _____

List examples of information you have shared with families in the last 12 months and indicate the way(s) shared. Do not send copies of brochures or flyers.

Description of Information (List Examples)	Date Shared	WAYS INFORMATION IS SHARED				
		Bulletin Board	Handout	Newsletter	Handbook	Other (Please specify)
2.D.1 ARKids First						
2.D.2 Child/Youth Development						
2.D.2 Children's Health/Youth Health						
2.D.2 Stages of Development						
3.D.1 Nutrition						
3.D.1.Physical Activity						

Save a copy of all documents for your records. Submit the completed application with documentation online through your ELS portal.
 For more information: www.ARBetterBeginnings.com Phone: 501-320-6161 Email: BetterBeginnings@dhs.arkansas.gov
 Arkansas State University Childhood Services OST: ost@AState.edu