

KEYSTONE STARS ENROLLMENT APPLICATION NON-DHS CERTIFIED/REGULATED FACILITIES



Instructions: Please complete this form. Make sure that the person who signs this form is *legally* authorized to represent the facility.
Return this form to the Regional Key office with a copy of your current license, if applicable.

Legal Entity Name: _____ MPI# (if applicable/known) _____

Address: _____

City/State: _____ **Zip Code:** _____ **County:** _____ **Contact Person:** _____

Phone Number: (_____) Ext. _____ **Fax:** _____ **Email:** _____ **(Required)**

Regional Key should use the Facility address or the Legal Entity address for Correspondence. (Please check (✓) appropriate box)
 If neither address should be used for correspondence, please write the preferred correspondence address on the bottom of this form.

Facility Type: Head Start School District Pre-K Pre-K Counts Private Academic Pre-School (submit PDE license with application) Early Intervention

Additional Facility Location Name and MPI# (if known)	Address	City/State/Zip Code	Email Address-REQUIRED	Phone #	Contact Person's Name	# of Children Served

(Attach additional sheet if more space is needed)

Attestation: By signing this document, I certify that, as of the date below, this provider/legal entity does not owe the Commonwealth and/or Federal government liabilities, including tax liabilities, is not under debarment, and is not under investigation by a Federal or State agency. Failure to notify the Regional Key and/or OCDEL Staff of the events above will result in suspension from Keystone STARS. I also certify that this information is true, accurate, and complete to the best of my knowledge.

Signature of the Individual Who is Legally Authorized to Represent the Facility

Date

Print Name

Title