

Date: \_\_\_\_\_

# Michigan Wolf Trap

A Program of the Michigan Association for the Education of Young Children

## Application for 7-week or 1-week Performing Arts Residencies

Center Name \_\_\_\_\_

Center Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact Person \_\_\_\_\_

Phone: Day \_\_\_\_\_ Evening \_\_\_\_\_

Email: \_\_\_\_\_

Have you previously received a Michigan Wolf Trap residency? yes \_\_\_\_\_ no \_\_\_\_\_ When? \_\_\_\_\_

Is your facility handicap accessible? yes \_\_\_\_\_ no \_\_\_\_\_

Total number of children served by your program \_\_\_\_\_

Total number of classroom residencies you are requesting \_\_\_\_\_

The number of classes that the Michigan Wolf Trap Program can serve is dependent upon funding. You may request residencies for up to four classrooms, but you may be approved for one (no more than 4; children must be between the ages of 3-6; 26 children maximum per classroom). Residencies must be in the counties specified by the grant funder.

Please answer the questions on the other side of this page then complete the class information on the enclosed sheet.

We, the undersigned have read the background information and guidelines attached to this application.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Printed Name of **Center Director**)

Michigan AEYC member? yes\_\_ no\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Printed Name of Participating Teacher)

Michigan AEYC member? yes\_\_ no\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Printed Name of Participating Teacher)

Michigan AEYC member? yes\_\_ no\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Printed Name of Participating Teacher)

Michigan AEYC member? yes\_\_ no\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Printed Name of Participating Teacher)

Michigan AEYC member? yes\_\_ no\_\_  
It is not necessary to be a member of Michigan AEYC to receive a residency

Mail completed application form:

Todd Greenbaum, Coordinator  
Michigan Wolf Trap Program  
345 Griggs Street  
Rochester, MI 48307  
Phone: (248) 651-9653  
fax: (248) 651-9653 -\*5  
e-mail: [tgreenbaum@miaeyc.org](mailto:tgreenbaum@miaeyc.org)  
<http://www.MiAEYC.org>

1. Type of program (e.g., private, public, Chapter 1, Head Start, co-op, preschool, nursery)

2. Describe the population of your center (e.g., income, ethnicity, family structures, etc.)

3. Describe your program and its unique features. (e.g., specializations, certifications, accreditations)

4. How will this program benefit your center? Why do you want to participate?

5. How did you hear about the Michigan Wolf Trap Program?

6. Local Media

Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

For Office Use

Directions to Program:

Orientation Meeting Time: \_\_\_\_\_ Date: \_\_\_\_\_

Residency: # of Classes: \_\_\_\_\_ Days: \_\_\_\_\_ Time: \_\_\_\_\_

Suggested Lodging: \_\_\_\_\_

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Program Name \_\_\_\_\_

You may request up to 4 classes. Please list in order of preference your 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> and 4<sup>th</sup> choice. The number of classrooms selected depends on the availability of funding.

### Classroom 1

Number of children by age:                      3                      4                      5                      6  
\_\_\_\_\_

Please indicate the times on each line when the children attend class (same children each day), and are available (not in conflict with classroom daily routine; ie, meals, nap, arrival, etc.) to participate in the residency. Circle the times (2 per week) you would **prefer** an artist:

	M	T	W	Th	F
A.M.	_____	_____	_____	_____	_____
P.M.	_____	_____	_____	_____	_____

### Classroom 2

Number of children by age:                      3                      4                      5                      6  
\_\_\_\_\_

Please indicate the times on each line when the children attend class (same children each day), and are available (not in conflict with classroom daily routine; ie, meals, nap, arrival, etc.) to participate in the residency. Circle the times (2 per week) you would **prefer** an artist:

	M	T	W	Th	F
A.M.	_____	_____	_____	_____	_____
P.M.	_____	_____	_____	_____	_____

### Classroom 3

Number of children by age:                      3                      4                      5                      6  
\_\_\_\_\_

Please indicate the times on each line when the children attend class (same children each day), and are available (not in conflict with classroom daily routine; ie, meals, nap, arrival, etc.) to participate in the residency. Circle the times (2 per week) you would **prefer** an artist:

	M	T	W	Th	F
A.M.	_____	_____	_____	_____	_____
P.M.	_____	_____	_____	_____	_____

### Classroom 4

Number of children by age:                      3                      4                      5                      6  
\_\_\_\_\_

Please indicate the times on each line when the children attend class (same children each day), and are available (not in conflict with classroom daily routine; ie, meals, nap, arrival, etc.) to participate in the residency. Circle the times (2 per week) you would **prefer** an artist:

	M	T	W	Th	F
A.M.	_____	_____	_____	_____	_____
P.M.	_____	_____	_____	_____	_____