



The mission of the Statewide Training and Resource System (STARS) is to assist in improving, enhancing and promoting the Early Childhood Professional Development System

Date of application: \_\_\_\_\_

(Application deadline is 14 days prior to the class.)

## Class Approval Form

### Class Sponsor Information:

Name of sponsor agency: \_\_\_\_\_

Contact person for sponsor agency: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing address for sponsor agency: \_\_\_\_\_  
 Street City State Zip

Email of Sponsor Agency Contact Person: \_\_\_\_\_

### Instructor Information:

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Has this instructor been STARS approved? \_\_\_ Yes \_\_\_ No

### Class Information:

Title of class: \_\_\_\_\_

Date of class: \_\_\_\_\_ Time of class: \_\_\_\_\_

Total hours of instruction time: \_\_\_\_\_ Anticipated number of participants: \_\_\_\_\_  
 (Rounded to the nearest half hour)

Location of class: \_\_\_\_\_

Address of class location: \_\_\_\_\_

Has this class had prior Wyoming STARS approval? \_\_\_ Yes \_\_\_ No

If yes, what was the reference number? \_\_\_\_\_

Is this class open to other child care providers? \_\_\_ Yes \_\_\_ No

*If yes, provide a description and registration information on the learning description page.*

To what age group of children does this class pertain? Check all that apply.

Infant (Birth-12 months)	12 to 36 months	3 to 5 years	Birth to 5 years	School age

### Instructions for completing this form:

1. Complete this side of the application by providing all information requested.
2. All class approval applications must include the completed learning description rubric on page 3. A completed sample rubric follows this form. The sample and the Core Areas of Knowledge explanation are on the STARS website: [www.wykids.org](http://www.wykids.org).
3. Attach a timed, detailed agenda to the application.
4. Submit completed application to the Wyoming Children's Action Alliance by mail or fax at the address below **OR** email to [training@wykids.org](mailto:training@wykids.org).
5. *Conference approval requires a Conference Approval Form, not this form.*

#### CORE AREAS of KNOWLEDGE

Health, Nutrition & Safety  
 Active Learning Environment  
 Child Growth & Development  
 Guidance & Discipline  
 Family Relationships  
 Program Management  
 Professionalism  
 Uniqueness & Cultural Awareness

**Learning description for the class:**

**This class is targeted to    entry    journey    master level providers**

Core Area of Knowledge & amount of instruction time	Learning Outcome(s)	Instructor Name & Level (If level was previously assigned)	Resources for this class	Tools for students used in this class
<b>Detail for classes allowing other child care providers to attend.</b>	50-word (or less) Training Calendar description:		Do other providers need to register in advance: <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, registration information, including contact information and deadline:	

**Learning description for the class (continued):**

**This class is targeted to    entry    journey    master level providers**

Core Area of Knowledge & amount of instruction time	Learning Outcome(s)	Instructor Name & Level (If level was previously assigned)	Resources for this class	Tools for students used in this class
<p><b>Detail for classes allowing other child care providers to attend.</b></p>	<p>50-word (or less) Training Calendar description:</p>		<p>Do other providers need to register in advance: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, registration information including contact information and deadline:</p>	