

**Family Enrichment Network  
Child Care Resource and Referral**

**24 Cherry Street \* Johnson City, NY 13790 \* 607-723-8313  
1277 Taylor Road \* Owego, NY 13827 \* 607-687-6721  
21 S Broad Street \* Norwich, NY 13815 \* 607-373-3555**



**PEER TO PEER PRESENTATION APPLICATION**

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

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

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

Program Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Program Type:

- Child Care Center
- School Age Child Care Program
- Family Child Care Provider
- Group Family Child Care Provider

What are you interested in sharing with other providers/programs?:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Time needed for presentation: \_\_\_\_\_

Times/dates available for presentation: \_\_\_\_\_

Supplies/materials needed for presentation: \_\_\_\_\_

Audience for presentation (only family child care, any type of child care, etc.): \_\_\_\_\_

\_\_\_\_\_

**PROVIDER DECLARATION**

I am interested in presenting the above information to other providers/programs in our area. I understand that I am doing this for free and there is no compensation for presenting for Family Enrichment Network.

Signature: \_\_\_\_\_

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

Return to Julie Henry at [jhenry@familyenrichment.org](mailto:jhenry@familyenrichment.org)

\*\*\*\*\* FEN OFFICE USE ONLY \*\*\*\*\*

Approved To Present

Denied To Present, Reason denied \_\_\_\_\_

Date of Presentation: \_\_\_\_/\_\_\_\_/\_\_\_\_