

Recently, we received word that _____ SDA Church has added an early childhood program to its ministries. In order to support and assist in local program operations, we need additional information.

Please read and complete the following pages and return them to your local conference office of education by **September 15**.

Early Childhood Program Name:

Telephone number: (_____) _____

Fax number: (_____) _____

Street Address: _____

P. O. Box Address (if applicable):

INSTRUCTIONS:

Complete Section One with information for the daily, on-site director of this early childhood program.

Complete Section Two by giving information for each of the early childhood program teachers. Make multiple copies of the Section Two form so that each teacher has his/her own page on which to enter his/her information.

If there are any questions regarding this form or information requested, please contact your local conference office of education.

SECTION I

On-site Program Director Information

Please complete the following page for the **Director of this early childhood program.**

Director's Information	Ages or Class Taught	Degree Information	Certification Information	Employment
Name _____ Home address: _____ _____ _____ Phone (_____) _____ Cellular(_____) _____ E-mail _____	If you have regular teaching / caregiving duties in addition to administration, circle ages in room: 5 yr olds 4 yr olds 3 yr olds 2 yr olds 1 yr olds 0-12 mos	Highest degree you have: <input type="checkbox"/> Masters Field of Study: _____ <input type="checkbox"/> Bachelor Major & Minor: _____ <input type="checkbox"/> Associate: Field of Study: _____ <input type="checkbox"/> High School Diploma _____	Do you maintain valid denominational certification? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, do you have an endorsement for Kindergarten? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have a Child Development Associate (CDA) national credential or equivalent (CDAE)? <input type="checkbox"/> Yes <input type="checkbox"/> No List any other equivalent certification(s) you maintain: _____ _____	Check the box that describes your employment. <input type="checkbox"/> Full-time <input type="checkbox"/> Part-Time <input type="checkbox"/> Locally Funded <input type="checkbox"/> Conf. Funded

SECTION II
Teacher Information

Please complete the following page **for each teacher** in your early childhood program.

Teacher's Information	Ages or Class Taught	Degree Information	Certification Information	Employment
Name _____	Circle all that you have in one room:	Highest degree you have: <input type="checkbox"/> Masters Field of Study: _____	Do you maintain valid denominational certification? <input type="checkbox"/> Yes <input type="checkbox"/> No	Check the box that describes your employment.
Home address: _____		5 yr olds	If yes, do you have an endorsement for Kindergarten? <input type="checkbox"/> Yes <input type="checkbox"/> No	
_____	4 yr olds	<input type="checkbox"/> Bachelor Major & Minor: _____	Do you have a Child Development Associate (CDA) national credential or equivalent (CDAE)? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Full-time
_____	3 yr olds	_____	Do you have a Child Development Associate (CDA) national credential or equivalent (CDAE)? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Part-Time
Phone (_____) _____	2 yr olds	<input type="checkbox"/> Associate: Field of Study: _____	Do you have a Child Development Associate (CDA) national credential or equivalent (CDAE)? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Locally Funded
Cellular(_____) _____	1 yr olds	_____	Do you have a Child Development Associate (CDA) national credential or equivalent (CDAE)? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Conf. Funded
_____	O-12 mos	_____	List any other equivalent certification(s) you maintain: _____	
E-mail _____		<input type="checkbox"/> High School Diploma	_____	
_____		_____	_____	

SECTION III

Pre-Kindergarten = 4 to 5 year olds only.

Total number of children enrolled in Pre-kindergarten classroom: _____

- Full Day Program
- Half-Day Program
- Other Part-time Program arrangement

Days of operation: (Circle) M T W TH F

Hours of operation: _____ to _____

- We are approved providers for our state's universal / voluntary pre-kindergarten initiative and are receiving funds for _____ children enrolled in our program.
(Insert number)

SECTION IV

Early Childhood Program with any combination of ages = 5, 4, 3, 2, 1, and infancy.

Total number of children enrolled: _____

Number of Pre-Kindergarten = 4 & 5 year olds: _____

Number of Children = 3 year olds: _____

Number of Children = 2 year olds: _____

Number of Children = 1 year olds: _____

Number of Infants = Birth to 12 months old: _____

- Full Day Program
- Half-day Program
- Other Part-time Program arrangement

Days of operation: (Circle) M T W TH F

Hours of operation: _____ to _____

- We are approved providers for our state's universal / voluntary pre-kindergarten initiative and are receiving funds for _____ children enrolled in our program.
(Insert number)

SECTION V

We have a program not listed above.

Please describe your program: Include ages of children served, total number of children per age group enrolled, hours of operation, program characteristics, and any funds being received from the state for program operation.

NOTE: Southern Union Board of Education policy requires church-based early childhood programs to obtain a license to operate from the state. Please indicate if your program is licensed. Yes No In process

If yes, include a copy of the license with this completed form and send them to your local conference office of education.