

Application to Open/Re-open/Operate an Early Childhood Program (ECP)



Please complete and return this form to local conference department of education if you are planning to open an early childhood program (ECP). Thank you.

Conference: _____

Applying to open Operate a licensed early childhood program

Church or School: _____

Address : _____

City/State/Zip: _____

Telephone: _____ Fax: _____

If church board is applying, name of pastor: _____

If school board is applying, name of principal: _____

Target date for opening/re-opening/operation: _____

ECP Name: _____

Facility Address: _____

Telephone: _____ Fax: _____

ECP Director's Name: _____

Home Address: _____

Cell Phone Number: _____ Email: _____

Has local conference risk management director been consulted regarding plans? Yes No

Has local conference human resource director been consulted regarding employment of ECP personnel? Yes No

Desired ages of children to be served: _____

Desired days and hours of operation: _____

Initial funds allocated for start-up: _____

Weekly rate for each age group:

Other income

Record of Actions: