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| **OPENING REPORT** |
| Please Update all information by completing this entire form. |
| Conference:  | Union: | Year: |
| **School Information** |
| 1. Name of Early Childhood Program/Center:
 |
|  Address: | City: | State: | Zip: |
|  Phone: | Fax: | E-mail:  |
| 1. Pastor or Principals Name:
 |
|  Address: | City: | State: | Zip: |
|  Phone: | Fax: | E-mail: |
| 1. Director/Head Teacher Name:
 |
|  Address: | City: | State: | Zip: |
|  Phone: | Fax: | E-mail: |
| 1. Center/School Board Chairs Name:
 |
|  Home Address: | City: | State: | Zip: |
|  Phone: | Fax: | E-mail: |
| **Opening Report Information** |
| **Enrollment:** | **Employees:** |
| Ages | Number of Children | Teachers |  |  |  |
| 1-11 month old |  | Full time: \_\_\_\_\_\_\_\_\_ | Part time: \_\_\_\_\_\_\_\_\_ |
| 1 Year old |  | **Total number of SDA teachers** |
| 2 Year old |  | Full time: \_\_\_\_\_\_\_\_\_ | Part time: \_\_\_\_\_\_\_\_\_ |
| 3 Year old |  | **Total number of non-SDA teachers** |
| 4 Year old |  | Full time: \_\_\_\_\_\_\_\_\_ | Part time: \_\_\_\_\_\_\_\_\_ |
| 5 Year old (**Pre-K**) |  | Total number of SDA aides \_\_\_\_\_\_\_\_\_\_\_\_ | Total number of non-SDA aides\_\_\_\_\_\_\_\_ |
| Does the program hold a current child care license?\_\_\_\_\_\_ | Is the program accredited? \_\_\_\_\_\_\_ | Total number of SDA substitutes \_\_\_\_\_\_\_\_ | Total number of non-SDA substitutes \_\_\_\_ |

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| Please send a copy of this report to your local conference and the Atlantic Union. Attach your current State License and Certificate of Accreditation if applicable along with this form. ECE Form 100 |

| **INSTRUCTIONAL & ADMINISTRATIVE SCHOOL STAFF WORKSHEET** |
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| School/Center: |
| Conference: | Year: |
| **STAFF INFORMATION** |
| **Last Name:** | **First Name** | **Assignment:** |
| Address: | City: | State: | Zip: | SDA Yes No |
| Home Phone: | Cell Phone:  | Email: |
| **Last Name:** | **First Name** | **Assignment:** |
| Address: | City: | State: | Zip: | SDA Yes No |
| Home Phone: | Cell Phone:  | Email: |
| **Last Name:** | **First Name** | **Assignment:** |
| Address: | City: | State: | Zip: | SDA Yes No |
| Home Phone: | Cell Phone:  | Email: |
| **Last Name:** | **First Name** | **Assignment:** |
| Address: | City: | State: | Zip: | SDA Yes No |
| Home Phone: | Cell Phone:  | Email: |
| **Last Name:** | **First Name** | **Assignment:** |
| Address: | City: | State: | Zip: | SDA Yes No |
| Home Phone: | Cell Phone:  | Email: |
| **Last Name:** | **First Name** | **Assignment:**  |
| Address: | City: | State: | Zip: | SDA Yes No |
| Home Phone: | Cell Phone:  | Email: |
| **Last Name:** | **First Name** | **Assignment:** |
| Address: | City: | State: | Zip: | SDA Yes No |
| Home Phone: | Cell Phone:  | Email: |
| **Last Name:** | **First Name** | **Assignment:** |
| Address: | City: | State: | Zip: | SDA Yes No |
| Home Phone: | Cell Phone:  | Email: |
| **Last Name:** | **First Name** | **Assignment:** |
| Address: | City: | State: | Zip: | SDA Yes No |
| Home Phone: | Cell Phone:  | Email: |
| **Last Name:** | **First Name** | **Assignment:** |
| Address: | City: | State: | Zip: | SDA Yes No |
| Home Phone: | Cell Phone:  | Email: |

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| **SCHOOL/CENTER WORKSHEET** |
| Federal ID# |  |
| DBA: (Doing Business As) |  |
| Services Provided: Breakfast Lunch Snack | Services Provided: □Before School □After School (School Age children) |
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