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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** | | | | | |
| --- | --- | --- | --- | --- | --- |
| 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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