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| **OPENING REPORT Fiscal Year** **-** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The director of the ECEC program shall submit an annual Opening Report and Program Staff Worksheet:   * which includes data for each age group served by the program as well as data for each staff member * to the **local conference office of education** * the local conference ECEC liaison will forward a copy to the Pacific Union Conference ECEC * by the September 15 or check with your local conference liaison | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pacific Union Conference | | | | | | | | | | | | Local Conference: | | | | | | | | | | | | | | | | |
| **PROGRAM INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Church-based Program | | | | | | | | | | | | | School-based Program | | | | | | | | | | | | | | | |
| 1. Name of Program: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Address: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Street Address | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | City | | | | | | | | | | | | State | | | | | | | | | | Zip | | |
| 1. Telephone: | | | | | | | | | | Fax: | | | | | | | | | E-mail: | | | | | | | | | |
| 1. Name of Director: | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| 1. Type of Program\* (check all that apply) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Infant | | | | | Toddler | | | | | | | A.M. Pre-School Only | | | | | | | Pre-Kindergarten | | | | | | | |
|  | | Pre-School and Child Care | | | | | Before & After School Care | | | | | | | School-age Summer Program | | | | | | |  | | | | | | | |
| 1. Size of Program\* | | | | | Licensed Capacity | | | # | | Part-time Clients | # | | | | | | | Full-time Clients | | # | | Full-time Equiv | | | | | # | |
| **OPENING REPORT** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Enrollment Total\*: | | | | | | | | | Date: | | | | | | | | 6 wks – 12 mos: | | | | | | 12 – 24 mos: | | | | | |
|  | 24 – 36 mos: | | | | | 36 – 48 mos: | | | 48 – 60 mos: | | | | | | | | 60 mos – school age: | | | | | | Special: | | | | | |
| 1. Religious Affiliation\* | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| How many children have at least one parent/guardian Adventist member? | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| Religious affiliation unknown | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| How many ECEC students are now attending Adventist kindergarten? | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| \*INSTRUCTIONS   1. Check those that most closely describe the services of your program. 2. Breakdown of enrollment by contractual agreement. (See census worksheet ) 3. Include all enrolled clients; full-time and part-time. 4. Provide a breakdown of religious affiliation based on whether or not the child has at least one Adventist parent/ guardian, or none. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| **PROGRAM STAFF WORKSHEET** | | | | | | | | | | | | | | | | | | |
| Pacific Union Conference | | | | | | | | | Local Conference: | | | | | | | | | |
| Name of Program: | | | | | | | | | | | | | | | | | | |
| **Staff Information** | | | | | | | | | | | | | | **Total Number of Staff** | | | |  |
| **NAME** OF EMPLOYEE\* | TITLE | MALE | FEMALE | PART TIME | FULL TIME | SDA CHURCH MEMBERSHIP | SDA ECEC PAR\*\* | SDA ELEM CRED | | STATE CDC PERMIT | STATE ELEM CERT | LESS THAN 6 ECE SU\*\*\* | 6-12 ECE SU | 12 OR MORE ECE SU | AA W/12+ ECE SU | BA W/12+ ECE SU | MA W/12+ ECE SU | ADDITIONAL DATA |
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| \*EMPLOYEE INCLUDES ALL PERSONNEL, SUCH AS PROGRAM ADMINISTRATORS, TEACHERS, SUPPORT STAFF, STUDENT TEACHERS AND VOLUNTEERS. \*\*PROFESSIONAL ACHIEVEMENT RECOGNITION CERTIFICATION. \*\*\*SU = SEMESTER UNITS | | | | | | | | | | | | | | | | | | |

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| **PROGRAM STAFF WORKSHEET (continued)** | | | | | | | | | | | | | | | | | |
| Name of Program: | | | | | | | | | | | | | | | | | |
| **Staff Information** | | | | | | | | | | | | | | | | | |
| **NAME** OF EMPLOYEE\* | TITLE | MALE | FEMALE | PART TIME | FULL TIME | SDA CHURCH MEMBERSHIP | SDA ECEC PAR\*\* | SDA ELEM CRED | STATE CDC PERMIT | STATE ELEM CERT | LESS THAN 6 ECE SU\*\*\* | 6-12 ECE SU | 12 OR MORE ECE SU | AA W/12+ ECE SU | BA W/12+ ECE SU | MA W/12+ ECE SU | ADDITIONAL DATA |
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| \*EMPLOYEE INCLUDES ALL PERSONNEL, SUCH AS PROGRAM ADMINISTRATORS, TEACHERS, SUPPORT STAFF, STUDENT TEACHERS AND VOLUNTEERS. \*\*PROFESSIONAL ACHIEVEMENT RECOGNITION CERTIFICATION. \*\*\*SU = SEMESTER UNITS | | | | | | | | | | | | | | | | | |

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