

COMMUNITY FOUNDATION OF ST. JOSEPH COUNTY, Inc.
EARLY CHILDHOOD ASSESSMENT PROJECT (ECAP)

PROGRAM Registration Form ~ School Year 2019-20

Program Name _____

Director Name: _____

Program Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail: _____

Are you a Childcare Center Registered Ministry Preschool Licensed Home
 Other: _____

Level of Paths to Quality: _____

Did you participate in ECAP last year? Yes No

Have you (director/principal) had HighScope training? Yes No
 Ivy Tech HighScope Lite

Have you (director/principal) had TCC or QLI training? Yes No

Number of preschool classrooms: _____ Number of infant/toddler classrooms: _____

Do you stay open in the summer? Yes No

If No, what is your Start date: _____ End date: _____

The following information must be included for our funders; thanks for providing it!

How many children do you serve ages birth through pre-k? _____

What is the number (estimated if necessary) of children age 0-5 in your program...

from low-income families: _____ with Special Needs: _____

who are: African Amer: _____ White, non-Hisp _____ Hispanic: _____ Mixed race: _____

English language learners: _____

PLEASE RETURN THIS FORM AND COMPLETED TEACHER FORMS

AS SOON AS POSSIBLE (no later than FRIDAY, AUGUST 16)

BY FAX: 237-1071 BY E-MAIL: Chris@famconn.org

OR MAIL: The Early Years Count! 132 N. Lafayette Blvd., South Bend, IN 46601

QUESTIONS ABOUT ECAP? Call Chris Paul at 237-9740

ECAP TEACHER INFORMATION

School year 2019-20

Program: _____

Teacher's Name: _____

Work Phone: _____ Cell Phone: _____

E-mail: _____

Best way to contact teacher: work phone cell phone e-mail

Best time to contact teacher: _____

How many children are in this classroom? _____ Age of youngest; _____ oldest: _____

Assistant's Name: _____

Classroom Location or Room #: _____

Hours/Days/Times this classroom is in session: _____

Are there days or times that would not work for an assessor to be in this classroom?

Which curriculum is used in this classroom? HighScope Other: _____

Is this teacher HighScope/Ivy Tech trained currently in HighScope training

not HighScope trained

working on HighScope certification HighScope certified (date _____)

Is there any other information that the assessor should know (i.e., parking restrictions)?

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