

# EDUCARE ENROLLMENT REPORT

This form must be completed and returned to Educare for your facility to continue to receive our services.

Childcare Facility: \_\_\_\_\_

Director: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City State Zip

\*E-mail Address: \_\_\_\_\_

\* If you would be willing to receive the newsletter via e-mail from now on, please check here. Due to budget cuts, we would great appreciate your help in this area.

Childcare Facility Information: (check all that apply)

Center \_\_\_\_\_ Group Home \_\_\_\_\_ Home \_\_\_\_\_

Licensed \_\_\_\_\_ Accredited \_\_\_\_\_ License-Exempt \_\_\_\_\_

<THE FOLLOWING SECTION MUST BE FILLED OUT ACCURATELY TO CONTINUE SERVICES WITH EDUCARE>

Total Number of Children in Care: \_\_\_\_\_

## Ages of Children

## Subsidy

## Non-Subsidy

0-36 months

\_\_\_\_\_

\_\_\_\_\_

37 months – school entry

\_\_\_\_\_

\_\_\_\_\_

School entry

\_\_\_\_\_

\_\_\_\_\_

## Early Childhood Teacher/Program Information

1. Total Number of Teachers \_\_\_\_\_
2. Number of Teachers with CDA credential \_\_\_\_\_
3. Number of Teachers with AA, AS in ECE or related field \_\_\_\_\_
4. Number of Teachers with BA, BS in ECE or related field \_\_\_\_\_
5. Number of Teachers with MA, MS in ECE or related field \_\_\_\_\_

## Licensure/Accreditation Interest

\_\_\_\_ I am not licensed, but am interested in receiving licensure information.

\_\_\_\_ I am licensed, but not accredited, I am interested in receiving information about accreditation.

Person Completing Form: \_\_\_\_\_ Position: \_\_\_\_\_

Date Completed: \_\_\_\_\_

We appreciate your time in completing this form.  
Please call 573-760-0212 or 431-3173 if you have questions or need assistance.