



Smart Start Early Childhood Connections

2010-2011 ECC CIRCLE APPLICATION

Name of child care center: _____

Current star rating: 1 ___ 2 ___ 3 ___ 4 ___ 5 ___

Facility address: _____ Zip code: _____

Email: _____

Name of director(s): _____

Phone number: _____ Number of years in operation: _____

When will your 3 year license expire? _____ Do you anticipate having Environment Rating Scale assessments completed in the next 3 years? Yes ___ No ___ If yes, when? _____

Current number of children enrolled: _____

Current number of child care slots subsidized through NHC Department of Social Services (DSS): _____

Funding sources currently receiving (*check all that apply*):

DSS ___ Food Nutrition Program ___ More at Four ___ Other _____

If selected for the **ECC Circle**, I understand that a teacher representative from each classroom must participate in one free training focused on the social-emotional development of young children. Yes ___ No ___

Please use the space below to tell us about your child care center's needs in terms of indoor and outdoor learning materials, support, and professional development.

I have read the fact sheet and application carefully. To the best of my knowledge everything on the application is complete and correct. I understand that the funding for **ECC Circle** is dependent and contingent upon approval from the North Carolina Partnership for Children and availability of funds from the state of North Carolina, as approved by the N.C. General Assembly. I understand that, in order to be eligible for this incentive, I must be in good standing with Smart Start of New Hanover County (ex. no outstanding fees or resources).

Signature of Director/Owner

Date

Due Date: Monday, August 16, 2010 by 5:00pm (faxes cannot be accepted)
3001 Wrightsville Avenue, Wilmington, NC 28403

Visit Us!

Smart Start of New Hanover County

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