



Smart Start Early Childhood Connections

2010-2011 ECC FOCUS GROUPS APPLICATION

Name: _____

Name of child care facility: _____

Address: _____ Zip code: _____

Phone: _____ Number of years in operation: _____

Email: _____

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

Type of child care facility: family child care home ___ center in a residence: ___

Ages of children you serve: _____

Current number of children enrolled: _____

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

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

Please describe your current level of education below: (example: NC Early Childhood Credentials plus 2 semester credit hours in Early Childhood Education Coursework) _____

If selected for the **ECC Focus Groups**, I understand that I will be expected to attend meetings and participate in peer-mentoring visits as part of the grant requirement. Yes ___ No ___

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 Focus Groups** 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 Applicant

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

3001 Wrightsville Avenue • Wilmington, NC

910.815.3731 • www.newhanoverkids.org

