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| **CLOSING REPORT Fiscal Year** **-**  |
| The director of the ECEC program shall submit an annual Closing 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 end of the fiscal year or check with your local conference liaison
 |
| Pacific Union Conference | Local Conference:       |
| Name of Program:       |
| **CLOSING DATA** | **NUMBER** |
| 1. Closing cumulative enrollment for the fiscal year

(Include all students who registered throughout the entire fiscal year, regardless of their attendance.) |       |
| 1. Attendance at the close of the fiscal year

(The actual attendance on June 30th or last day of school.) |       |
| 1. Projected summer enrollment
 |       |
| 1. Number graduating from Pre-K
 |       |
| 1. Students planning to attend Adventist Kindergarten program in the fall
 | Adventist       |
|  | Non-Adventist       |
| **GENERAL INFORMATION** | **NUMBER** |
| 1. Licensed Capacity
 |       |
| 1. Number of Parent Education meetings/information shared
 |       |
| 1. Type of Parent programs offered
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| 1. Total days closed\* from July 1, 20      to June 30, 20
 |       |
| Completed by       | Date       |
| \*Number of weekdays the program was not in operation and for which tuition was not charged, was lost or not generated. |
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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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