

If you fill-out this form in ADOBE,  
please download it to your hard drive  
first to ensure that your information is  
saved.



**CONTACT INFORMATION**

Your Name: \_\_\_\_\_

Position: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

340 S. Lemon Ave., Ste. 1515  
Walnut, CA 91798

info@EarlyChildhoodPros.com

Fax 888-390-7140

Tele 714-334-1252

Richard Ross, director

Please check one of the following:

I represent a church.

I represent an early childhood development center (incl. preschool, daycare, etc.)

Other: \_\_\_\_\_

Name of church or center which you represent: \_\_\_\_\_

Street address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Mailing address of church or center: *(if different)* \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Pastor's name: *(if relevant)* \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

**CHURCH ASSOCIATION** *(if relevant)*

Year your church was founded: \_\_\_\_\_

Total membership of your church: \_\_\_\_\_

Weekly attendance of your church: \_\_\_\_\_

Denominational affiliation of your church, if any: \_\_\_\_\_

**FUNDING**

Has your organization conducted a capital campaign or does it intend to conduct one for the resources needed for building or expanding a center?

- YES
- NO

If YES, please explain: \_\_\_\_\_

Have you received a grant or loan for the development of your church or center?

- YES
- NO

If YES, please explain: \_\_\_\_\_

**GOALS & OBJECTIVES**

Please check one of the following:

- We want to build a new early childhood development center.
- We want to expand or improve an existing early childhood development center.
- We want to reopen an early childhood development center.
- Other: \_\_\_\_\_

Is your organization in partnership with another organization or institution for the development of a center?

- YES
- NO

If YES, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe why you want to run a center: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What kinds of **SUPPORT** or **SERVICES** do you think you need for the success of your center? *(check as many as apply)*

- |   |  |
|---|--|
| <input type="checkbox"/> Accreditation Support                              | <input type="checkbox"/> Marketing Plan                                |
| <input type="checkbox"/> Business Plan                                      | <input type="checkbox"/> Mission, Vision & Goals Development           |
| <input type="checkbox"/> Coaching   | <input type="checkbox"/> Operations Support                            |
| <input type="checkbox"/> Curriculum Development                             | <input type="checkbox"/> Outreach Plan (evangelism)                    |
| <input type="checkbox"/> Day-to-Day Professional Support                    | <input type="checkbox"/> Parent-Teacher Support                        |
| <input type="checkbox"/> Feasibility Study                                  | <input type="checkbox"/> Program Development                           |
| <input type="checkbox"/> Financial Management System                        | <input type="checkbox"/> Site Selection, Evaluation and/or Development |
| <input type="checkbox"/> Floor Plan Options                                 | <input type="checkbox"/> Staff Training                                |
| <input type="checkbox"/> Increased Enrollment                               | <input type="checkbox"/> Startup Support                               |
| <input type="checkbox"/> Leadership Development (center or center & church) | <input type="checkbox"/> Strategic Planning                            |
| <input type="checkbox"/> Legal Issues Support                               | <input type="checkbox"/> Troubleshooting                               |
| <input type="checkbox"/> Management Plan                                    | <input type="checkbox"/> Other: _____                                  |

**EXISTING CENTER** (If you do not have a center, please go to the next section, **NEW CENTER**)

Director's name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

When did your center first open for enrollment? \_\_\_\_\_

Please check one of the following:

- Our center is full-time
- Our center is part-time
- Our center is part-time & full-time

If you have a **part-time** program, please answer the following:

How many children are enrolled: \_\_\_\_\_

What is the maximum number of children that could be enrolled: \_\_\_\_\_

What are the days and hours of your program: \_\_\_\_\_

If you have a **full-time** program, please answer the following:

How many children are enrolled: \_\_\_\_\_

What is the maximum number of children that could be enrolled: \_\_\_\_\_

What are the days and hours of your program: \_\_\_\_\_

**NEW CENTER** (If you want to build a new center or re-open an old center, please answer the following questions)

What is your goal?

- To start a center and then start a church.
- To start a church and then start a center.
- To start a church and a center at the same time.
- To start a center in an existing church.
- To re-open a center in an existing church.
- Other: \_\_\_\_\_

Property – Please check one of the following:

- We own property which may be used for a center, but it is undeveloped or underdeveloped.
- We own property which may be used for a center. It is already built-out.
- We are searching for property for a center.
- We have identified property for a center and we are in negotiations for purchase.
- Other: \_\_\_\_\_

**Please fax, email or mail this application to EC Pros,  
using the information provided on the page 1.**