

DUE by September 24, 2018

Submit to: Fawn Fahrer, fax: 503-850-3451, fawn.fahrer@oc.npuc.org

Early Childhood Education Information Form(ECEC)

SCHOOL NAME: _____

ECEC Program Name if different: _____

Mailing Address: _____

Head Teacher: _____

Reported State Coordinator/Contact: _____

Total Number of Students enrolled per week: _____

Number of Volunteers in classroom(s) per week: _____

Submit a tuition report for all types of program offerings with this report