MISSION: CHILD CARE (MMP) Early Childhood Education Program

Application Form for Partnership For School Year _____

I. GENERAL INFORMATION: Name of Church/Mission/Org.:		Contact No		
Mailing Address:		Email:		
Year when the Church/Mission/Org. is established:		Denominational Affiliation:		
Total No. of Members: Adult:		Youth:	_ Children:	
Average Monthly Income: Tithes:		Offering: C	Others:(Pls. specify)	
Average Monthly Expens	es:	_		
Key Leaders	Name	Highest Educational Attainment	Ministry Involvement	
Pastor				
Board Members	1.			
	2.			
	3.			
	4.			
	5.			
Others	1.			
	2.			
	3.			

Existing Social Programs/Projects: (Use the back portion if necessary)

Name of Project	Objectives	Services	Year Started	Sponsor/Financial Source

II. EARLY CHILDHOOD PROGRAM PROJECTION: Target Location for the Preschool: Brief Description of the Place: Community General Source of Income: Prospective Teacher's Name: Highest Educational Attainment: Estimated Transportation Cost from our Office to the Preschool site: Objectives in Establishing a Preschool: 1. 2. 3.

Preschool Resources:

I Materials & Equipments	Identify Quantity if already available	Dossible Courses (Dls. Identify)
I. Materials & Equipments	avaliable	Possible Sources (Pls. Identify)
 Child sized chairs 		
Child sized tables		
Child sized blackboard		
4. Manipulatives/Educational		
Toys (table blocks, building		
block, inch cubes, peg board,		
etc.)		
5. Child sized shelves		
6. Others		

		Highest Educational	
II. Personnel	Name	Attainment	Church/Org. Involvement
1. Teacher			
2. Board Members	1.		
	2.		
	3.		
	4.		
3. Others	5.		

Initial Preschool Project Capital:

III. FINANCIAL PROJECTION FOR 3 YEARS:

Income Registration Fee Tuition Fee Books & Worksheets Field Trip	School Yr	School Yr	School Yr
Moving-up Fee Uniforms Others Total			
Salaries: Teaching Staff Non-Teaching Staff SSS: Teaching Staff Non-Teaching Staff Water Electricity Building Rent Books & Worksheets Equipments: chairs Tables cabinets Cassette Blackboard Consultancy Manipulatives Field Trip Moving-up Uniforms Others Total BALANCE			
		ACCOMPLISH	ED BY:
		PRINTED NAME OVER SIGNATURE	
		POSITIC	
		CONTACT NU	JMBER