

Preschool for All/ISBE Pre-K Short Vacancy Update 2016-17

Please fill in all your information in each box.

Center Name:	Director:	Contact Person:	
Street Address:	Mailing Address:	City:	Zip:
Phone # ()	2 nd Phone # ()	Fax # ()	
E-mail:			
Web Site:			
License #	Expiration Date:	County:	

Day-time Capacity:

Total day-time license *or* exempt capacity: _____
 Total day-time vacancies you currently have as of (date) _____ (vacancies) _____
 Total Pre-school **AM** vacancies _____ Total Pre-school **PM** vacancies _____

Ages of children you are willing to accept: (enter the number and check weeks, months or years)

Youngest: _____ Weeks Months Years Oldest: _____ Weeks Months Years

Number of class sessions you offer _____ (For each shift, please fill in the table below and circle either AM and/or PM).

Vacancies:

All-Day classes

Age Group	*Desired capacity	Capacity	Full time Vacancy	Current Enrollment	Child/Adult Ratio	Group Size
3-4 Year Olds						
5 Yrs -Kindergarten						

Total number of all day classes: _____

AM classes

Age Group	*Desired capacity	Capacity	Full time Vacancy	Current Enrollment	Child/Adult Ratio	Group Size
3-4 Year Olds						
5 Yrs -Kindergarten						

Total number of AM classes: _____

PM classes

Age Group	*Desired capacity	Capacity	Full time Vacancy	Current Enrollment	Child/Adult Ratio	Group Size
3-4 Year Olds						
5 Yrs -Kindergarten						

Total number of PM classes: _____

UP COMING CHANGES FOR THE 2016-17 SCHOOL YEAR: _____

Thank you for your dedicated work for Illinois children and families!
Please make a copy of this form for your records and return the original to:

Child Care Resource & Referral, Attention: Vacancy Updates
 4508 41st Street Moline, IL 61265 Or e-mail CRRReferral@salfcs.org

