

Earn 8  
PQAS  
Hours!

Funding for this project provided by



## Cohort # 1

# Early Childhood Education Beginning Business Series for Family Providers

PHLKpreK providers and providers interested in applying for PHLpreK slots are invited to participate in this series designed to improve your fiscal and human resources practices.

### 4 Sessions: 12:30PM-2:30PM



Topics include: Iron Triangle; Budgeting Financial Statements; Personnel Management and other business issues

**Tuesday, March 21st**

**Tuesday, March 28th**

**Monday, April 17th**

**Monday, April 24th**

### Requirements

Participants are expected to: 1) Attend all Sessions; 2) arrive on time; 3) stay for the entire scheduled session; 4) participate during sessions; 5) complete a pre/post assessment

**ALL MEETINGS WILL BE DONE VIA ZOOM.**

There will be opportunity for active participation

Apply By **March 8th** before spots run out!

Complete the form on the back of the flyer. Scan and e-mail it as an attachment to: [HuanC@childrensvillagephila.org](mailto:HuanC@childrensvillagephila.org)

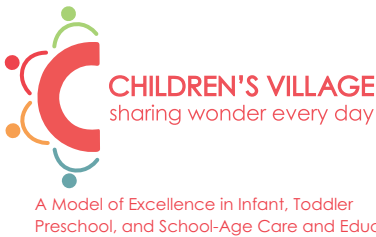
Email any questions you may have to Huan Chen at: [HuanC@childrensvillagephila.org](mailto:HuanC@childrensvillagephila.org)



A Model of Excellence in Infant, Toddler  
Preschool, and School-Age Care and Education

Children's Village at 125 North 8th Street, Philadelphia, PA 19106

Limited spots. To apply please complete the application (below) and email to [huanC@childrensvillagephila.org](mailto:huanC@childrensvillagephila.org)



# Early Childhood Education Beginning Business Administration Series for Family Providers

## SELECT COHORT YOU WISH TO ATTEND

- Cohort #1: 12:30 - 2:30 : Tuesday, Mar 21, Mar 28 ,Monday April 17th, and April 24th
- Cohort #2: 12:30 - 2:30 : Thursday, April 20, April 27, May 4, and Wednesday May 10th

## APPLICATION

NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

TITLE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

NAME OF CENTER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

STAR LEVEL: \_\_\_\_\_ NUMBER of STAFF: \_\_\_\_\_ NUMBER of SITES: \_\_\_\_\_ PD Registry ID#: \_\_\_\_\_

TYPES of FUNDING (CCIS, Head Start, PA PreK, PHL PreK, private pay, etc): \_\_\_\_\_

What are the biggest Challenges you face in meeting the administrative demands of your business? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What do you hope to gain by attending this course?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe your experience as a business manger?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you learn about this training series? Please indicate all avenues that you heard about this series.

\_\_\_ELRC mailing/email      \_\_\_Colleague from my program      \_\_\_SEPECC website  
\_\_\_Colleague from another program      \_\_\_Stars Quality Coach      Other: \_\_\_\_\_