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PQAS  
Hours!

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Grow Up Great™

Early Childhood Education

# Beginning Business Administration Series for Directors of Child Care Centers Cohort #3

Sessions are from 9:30AM - 12:30 PM



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

May 31st

June 14th

June 21st

June 28th

## 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 **May 23rd** 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)

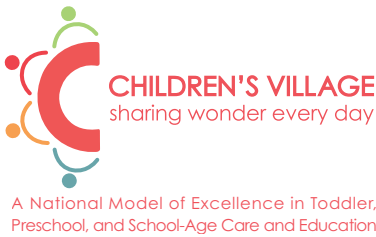
Email any questions you may have to Huan Chen at: [HuanC@childrensvillagephila.org](mailto:HuanC@childrensvillagephila.org)



**CHILDREN'S VILLAGE**  
sharing wonder every day

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

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 Directors of Child Care Centers

## SELECT COHORT YOU WISH TO ATTEND

- Cohort #1: Thursdays 9:30am - 12:30pm : March 2, March 16, March 30, and April 6
- Cohort #2: Tuesdays 12:30pm - 3:30pm : Apr 18, Apr 25, May 2, and May 9
- Cohort #3: Wednesdays 9:30am - 12:30pm: May 31, June 14, June 21 and June 28

## 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 manager?

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

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: \_\_\_\_\_