



Taking Steps to Healthy Success

Please complete and return this Interest Form to Nemours. Selected ECE programs will receive a formal invitation to participate in the Learning Collaborative.

ECE PROGRAM INTEREST FORM

Your Interest To Participate In The Learning Collaborative Is.....

- YES!** – we want to participate!
 Maybe - we need to share this information with the owner or director
 NO - we are not interested
 Why? _____

Our Contact Information:

ECE Program Name: _____

Director's Name: _____

Key Contact for the Learning Collaborative, if different from Director:

Phone: _____ Fax: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Our Program Demographics:

of 0 – 5 year olds in program: _____ # of 0 – 5 year old teachers: _____ # of 0 – 5 year old classrooms: _____

RETURN THE COMPLETED FORM VIA FAX OR EMAIL TO:

**NEMOURS
ATTN: KEVIN CATALDO
FAX – 407.567.5900 OR EMAIL - KEVIN.CATALDO@NEMOURS.ORG**

