

**EARLY CHILDHOOD DATA SYSTEM (ECDS)**  
**Prekindergarten Program Request for Participation**  
**For Non-ISD Programs Only**

Enter the organization and director (or other legal authority) data for your prekindergarten program.

When complete, sign and date, scan, then email to [ECDS@tea.texas.gov](mailto:ECDS@tea.texas.gov).

**ORGANIZATION DATA**

Required Information	Enter Your Data
<u>Organization Name</u> Enter the full name of your prekindergarten program. Example: River City Early Learning Center	
<u>Organization Type</u> Choose from the following: <ul style="list-style-type: none"> <li>• 01 Head Start</li> <li>• 05 Licensed Child Care</li> <li>• 99 Other</li> </ul>	
<u>License Number</u> Enter the license number assigned by the Texas Department of Family and Protective Services	
<u>County Name</u>	
<u>Phone Area Code</u>	
<u>Phone Number</u>	
<u>Email Address</u>	
<u>Web Site URL</u>	
<u>Mailing Street or P O Box</u>	
<u>Mailing City</u>	
<u>Mailing State</u>	
<u>Mailing Zip Code 5</u>	

Enter the first five characters of the 9-digit zip code.	
<u>Mailing Zip Code 4</u> Enter the last four characters of the 9-digit zip code (optional).	

### **DIRECTOR/LEGAL AUTHORITY DATA**

Note: Enter information for the person with the legal authority to approve roles requested by your prekindergarten program staff to submit and approve data for ECDS. This person is often the director of the early childhood program.

<b>Required Information</b>	<b>Enter Your Data</b>
<u>First Name</u>	
<u>Last Name</u>	
<u>Phone Area Code</u>	
<u>Phone Number</u>	
<u>Email Address</u>	
<u>Street or P O Box</u>	
<u>City</u>	
<u>State</u>	
<u>Zip Code 5</u> Enter the first five characters of the 9-digit zip code.	
<u>Zip Code 4</u> Enter the last four characters of the 9-digit zip code (optional).	

### **BACKUP DIRECTOR/LIMITED LEGAL AUTHORITY DATA (Optional)**

Note: Enter information for the person serving as a backup approver to the primary legal authority.

<b>Optional Information</b>	<b>Enter Your Data</b>
<u>First Name</u>	
<u>Last Name</u>	
<u>Phone Area Code</u>	

<u>Phone Number</u>	
<u>Email Address</u>	
<u>Street or P O Box</u>	
<u>City</u>	
<u>State</u>	
<u>Zip Code 5</u> Enter the first five characters of the 9-digit zip code.	
<u>Zip Code 4</u> Enter the last four characters of the 9-digit zip code.	

In the event the Legal Authority for your organization changes, please contact [ECDS@tea.texas.gov](mailto:ECDS@tea.texas.gov).

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Print, Legal Authority and Title

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Signature, Legal Authority

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Date