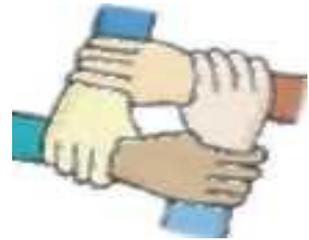


New Jersey Early Care And Education Alliance



"Standing Together
to Make a Difference"

at the

West Windsor Library
333 Post Road
Princeton, NJ

Every 3rd Wednesday
of each month.

Mark your calendar!

NJ Early Care and Education Alliance
Post Office Box 1322
Williamstown, NJ 08094

FROM:

TO: NJ Early Care and Education Alliance
Post Office Box 1322
Williamstown, NJ 08094

The New Jersey Early Care and Education Alliance is a non-profit organization established in January, 2010 and open to all groups to address the needs of the early care and education community.

Our mission is to provide a forum to review, respond to and educate others on legislative and policy matters that impact our state.

The purpose of the Alliance is to address issues that affect the well-being of early childhood education, early care professionals, children and families throughout New Jersey.

The New Jersey Early Care and Education Alliance is also the new home of the Aletha R. Wright Award for Excellence in Early Care and Education. (Formerly in the NJ Child Care Advisory Council.)



NJ ECE Alliance Highlights

- ◇ Established January, 2010
- ◇ Supported Movement in Signing the executive order for the Young Children’s Council
- ◇ Meet with Sponsors on Family Child Care Bill A1337
- ◇ Established a relationship with the NJ Department of Education
- ◇ Commented on the Governor’s Budget Proposal
- ◇ Responded to the Smith Bill (HR3)
- ◇ Submitted Recommendations to DHS on the Electronics Benefit Transfer (EBT)
- ◇ Participates in DHS Budget Hearings
- ◇ Re-established the Aletha R. Wright Award
- ◇ Presented testimony on the State Child Care Plan
- ◇ Presented testimony on the Young Children’s Council
- ◇ Commented on CBC Center transfer and dedicated CC voucher
- ◇ Participates on sub-committee of the Young Children’s Council
- ◇ Held a Statewide Symposium

For more information on the Alliance, please call the Co-Chairs,
 Elmoría @ 856-582-8282 X 149 or
 Marcia @ 732-833-7631

NJ Early Care & Education Alliance Membership Registration

Name: _____

Address: _____

Phone: _____ Cell _____

Email Address: _____

Your Early Care Interest: _____

Are you interested in presenting a program to the Alliance?

YES _____ NO _____

If YES, tell us about the program

Please a committee if you are interested in joining one:

- ___ Membership/Outreach
- ___ Nominating
- ___ Legislative/Policy
- ___ Professional Development
- ___ Program
- ___ Public Relations
- ___ Recognition
- ___ Other (List)

Is there any other information you would like to add?
