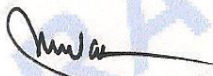


**UNNUMBERED MEMORANDUM**

**TO :** All Education Program Supervisors  
Division Coordinator  
Public Schools District Supervisor  
Public Elementary School Heads Concerned  
Kindergarten Catch-Up Education Program Teachers

**FROM :**   
**MERTHEL M. EVARDOME, Ed. D.**  
Acting Assistant Schools Division Superintendent  
OIC-Office of the Schools Division Superintendent

**SUBJECT :** **SUBMISSION OF REQUIRED REPORTS RELATIVE TO THE IMPLEMENTATION OF KCEP, YEAR 2015**

**DATE :** March 30, 2015

In consonance to DepEd Order No. 11, s. 2014 and in accordance to Republic Act No. 10157 that mandates all five-year old children to avail kindergarten education as the first stage of compulsory and mandatory formal education, a kindergarten Catch-Up Education Program for Children under Especially Difficult Circumstances shall be implemented. All concerned are requested to submit to this Office the following reports relative to Kindergarten Catch-Up Education Program, Year 2015 on the listed due dates, Attention : Merlita O. Sayago, Education Program Supervisor/Kindergarten Coordinator.

NO.	PARTICULARS	DUE DATES
1	List of KCEP Learners (Duplicate Copies)	April 6, 2015
2	Contract of Service (Triplicate Copies)	April 6, 2015
3	Monthly Accomplishment Report with pictures & ECCD Results (signed by the teacher & the school head)	May 4 & June 1, 2015
4	Daily Time Record (DTR)	May 4 & June 1, 2015
5	ECCD Results(to be forwarded to Grade 1 Teachers Concerned)	June 1, 2015
6	SReYA Results (May)	June 1, 2015

Attached are the format of List of KCEP Learners, Contract of Service and Sample Accomplishment Report. Kindly have it notarized after being signed by the Division Officials.

For information and strict compliance.

UM - 135, s. 2015



**REPORT ON KINDERGARTEN CATCH-UP EDUCATION PROGRAM (KCEP)**

School Year 2014-2015

No.	Name of KCEP Learners			Gender		Date of Birth	Age	Remark
	Last Name	First Name	Middle Initial	Male	Female			

Prepared by:

Certified true and correct:

\_\_\_\_\_  
Teacher  
(Signature over Printed Name)

\_\_\_\_\_  
Principal/School Head  
(Signature over Printed Name)

Date: \_\_\_\_\_



## CONTRACT OF SERVICE

BE IT KNOWN TO ALL CONCERNED THAT:

(Name of KCEP Teacher) of (KCEP Teacher Address)  
as the First Party,

(Name of School), with address at (School Address)  
represented by (Name of School Head) as the  
Second Party, and

DEPED DIVISION OF ANTIPOLO CITY with address  
at C. Lawis Ext., Brgy. San Isidro, Antipolo City,  
represented by  
MERTHEL M. EVARDOME, Ed. D. as the Third Party,

DO HEREBY AGREE ON THE FOLLOWING:

### A. Responsibilities of the First Party

1. Teach, handle Kindergarten Catch-Up Education Program with at least 10-25 learners per class. A teacher shall handle one (1) class for a period of four (4) hours from \_\_\_\_\_ to \_\_\_\_\_, Monday to Friday from April 1, 2014 to May 31, 2014;
2. Undertake necessary preparations before teaching to ensure quality experiences and care for Kindergarten Catch-Up Education Program learners;
3. Adhere to the set DepEd Order No. 11, s. 2014 *Policy Guidelines on Kindergarten Catch-Up Education Program* by the Department; and
4. Submit to the school head needed reports which include, but not limited to the List of Kindergarten, ECCD Checklist, SReYA Results, Accomplishment Reports, etc.; and
5. Submit Daily Time Record (DTR).

### B. Responsibilities of the Second Party

1. Supervise the implementation of Kindergarten Catch-Up Education Program to ensure that classes are implemented according to the DepEd Order No. 11, s. 2014;
2. Provide the necessary support to the KCEP Teachers with the curriculum, assessment materials and orientation on the utilization of the said instructional materials; and
3. Certifies attendance and accomplishment report of KCEP teachers and learners.

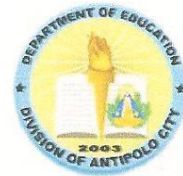
### C. Responsibilities of the Third Party

1. Monitor the implementation of the Policy Guidelines on the Kindergarten Catch-Up Education Program;
2. Gather feedbacks of concerned KCEP members as basis for planning, improvement;
3. Ensure payment of KCEP Teachers honorarium; and
4. Submit reports to the Regional and DepEd Central Office.

For and in consideration of this contract, the Third Party shall pay through the Special Education Fund (SEF) of the City Government of Antipolo to the First Party in the amount of:

1. Three Thousand Pesos (Php 3,000.00) per month honorarium for a Kindergarten Volunteer Teacher who handles one (1) class/session.
2. Six Thousand Pesos (Php 6,000.00) per month honorarium for a Kindergarten Volunteer Teacher who handles two (2) classes/sessions.





IN WITNESS WHEREOF, the parties hereto have signed his/her Contract of Service on 1st day of April, 2015 at Antipolo City.

**(NAME OF KCEP TEACHER)**  
(First Party)

**(NAME OF SCHOOL HEAD)**  
(Second Party)

**MERTHEL M. EVARDOME, Ed.D.**  
OIC-Office of the Schools Division Superintendent

SIGNED IN THE PRESENCE OF:

**(NAME)**  
(School Liaison Officer)

**MERLITA O. SAYAGO**  
EPS / Kindergarten Coordinator

**ACKNOWLEDGEMENT**

REPUBLIC OF THE PHILIPPINES  
ANTIPOLO CITY

**BEFORE ME**, this day of \_\_\_\_\_, 2015 in the City Government of Antipolo, Philippines personally appeared:

**(NAME OF KV TEACHER)**

**(NAME OF SCHOOL HEAD)**

PRC NO. : \_\_\_\_\_

PRC NO. : \_\_\_\_\_

Date of Registration: \_\_\_\_\_

Date of Registration: \_\_\_\_\_

Valid Until: \_\_\_\_\_

Valid Until: \_\_\_\_\_

Both known to me as the same persons who executed the foregoing agreement and they exhibited to me their respective PRC License Identification Card as indicated below their names and acknowledgement to me that same is their voluntary act and deed and free act to the entities which they respectively represent.

DOC No. \_\_\_\_\_  
PAGE No. \_\_\_\_\_  
BOOK No. \_\_\_\_\_  
Series of 2015 \_\_\_\_\_





Republic of the Philippines  
 Department of Education  
 Region IV-A CALABARZON  
 Division of Antipolo City



\_\_\_\_\_ District

\_\_\_\_\_ Name of School

**ACCOMPLISHMENT REPORT**

School Year 2014-2015

This is to certify that the table below indicates my monthly accomplishment report in handling kindergarten class.

Month/Date Covered	Enrollment	Quarter/Week	Teaching Strategies Applied

This accomplishment report is being issued in support for payment of my monthly honorarium compliance of accounting and auditing rules and regulations

Prepared by:

\_\_\_\_\_  
 Teacher  
 (Signature over Printed Name)

Certified true and correct:

\_\_\_\_\_  
 Principal/School Head  
 (Signature over Printed Name)