



Quality for Kids Registration Form 2026-2027

PERSONAL INFORMATION

1. First Name _____ Last Name _____
2. Date of Birth ____/____/____ 3. Gender ☐ Female ☐ Male
4. What language(s) do you speak? _____
5. Physical Address (☐ home ☐ work)

City State Zip
6. Mailing Address (☐ home ☐ work)

City State Zip
7. Phone Number(s) _____ Cell ☐ Home ☐ Work ☐
8. Email Address _____

CURRENT WORK FACILITY (If you are a Family, Friend or Neighbor [FFN] provider please skip 9-13)

9. Work Facility Name _____
10. Facility Address

City State Zip
11. Facility Phone Number _____
12. Facility License # _____
13. Director/Owner First and Last Name _____
14. Full Day/ Full Year ____ Full Day/ Part Year ____ Part Day/ Full Year ____ Part Day/ Part Year ____
15. Setting or Program Type: (Check all boxes that apply)
- | | |
|---|--|
| ☐ Family Friend and Neighbor (FFN) | ☐ Licensed Family Child Care Home |
| ☐ Licensed Child Care Center/Early Childhood Program | ☐ Small Family Child Care Home |
| ☐ Head Start (including Early and Migrant) | ☐ Large Family Child Care Home |
| ☐ State Preschool | ☐ Licensed-Exempt Center or Child Care Home |
| ☐ Private/Subsidized (City, County, Etc.) | ☐ Playgroup |
| ☐ Private/Non-Subsidized | ☐ Community Center/Family Resource Center |
| ☐ Public School | ☐ Other: _____ |

CURRENT EMPLOYMENT

16. Employment start date ____/____/____

17. If you work in a center, or school-based Early Childhood Education (ECE) program, what is your primary position? (*select one*)

- | | | |
|--|--|--|
| ☐ Assistant Teacher/Teacher Aide | ☐ Site Supervisor | ☐ Director – Multi-Site |
| ☐ Teacher/Lead Teacher | ☐ Assistant Director | ☐ Executive Director |
| ☐ Teacher/Director | ☐ Director – Single Site | ☐ Other (please specify) _____ |
| ☐ Specialized Teaching Staff (special education teacher, supervising master teacher, etc.) | | |
| ☐ Professional Support Staff (curriculum specialist, mental health consultant, etc.) | | |

18. If you work in a Family Child Care Home, what is your primary position? (*select one*)

- | | | |
|---|------------------------------------|---|
| ☐ Owner/Operator | ☐ Assistant | ☐ Other (please specify) _____ |
|---|------------------------------------|---|

19. City of employment/Childcare given _____

20. Number of years you have been employed in the ECE field _____

21. Number of years you have been employed with your current employer _____

22. Number of years you have been employed in your current position with your employer _____

23. Total number of children that are currently enrolled in your classroom or program _____

24. Total number of classrooms at your site _____

25. For each age group, what is the total number of children in your care? (These numbers should equal the number stated above)

_____ Infant(0-17months)	_____ Toddlers (18months-23months)
_____ Preschool (2 years-4 years)	_____ Transitional Kindergarten (TK)
_____ Kindergarten	_____ School-aged (6+ years old)

**** Alternative Sites Only** – Total number of children reached annually _____

26. Total number of children with Individual Family Service (IFSP) or Individual Educational Plans (IEP) in your care?
(IFSP) _____ (IEP) _____

27. Total number of staff _____

28. Language of instruction _____

29. Normal hours of operation: _____

30. Count of children by home language:

English: _____ Spanish: _____ Other (Please specify): _____

31. Count of Children by race/ethnicity:

American Indian or Alaska Native: _____

Pacific Islander/Hawaiian Native: _____

Bi-Racial/Multi Race: _____

White: _____

Asian: _____

Other (please specify): _____

Black/African American: _____

EDUCATION

32. What is the total number of Early Childhood Education/Child Development (ECE/CD) units you have completed to date?

_____ Units

33. Highest level of education attained (*select one*)

- ☐ No high school diploma/No GED
☐ High school diploma/GED
Date of attainment: _____
☐ Some College
☐ AA/AS (2-year college degree)
Date of attainment: _____

- ☐ BA/BS (4-year college degree)
Date of attainment: _____
☐ Master's degree
Date of attainment: _____
☐ Doctorate or advanced degree
Date of attainment: _____

34. If you have a degree, please select the area that best represents the major for any degree you have attained. Please check all that apply...

Degree	ECE/Child or Human Development	Education/Psychology/Social Work	Business/Math/Science/Health	Other (please specify) _____
AA/AS/2-year college	☐	☐	☐	☐
BA/BS/4-year college	☐	☐	☐	☐
Master's	☐	☐	☐	☐
Doctorate	☐	☐	☐	☐

35. Level of Child Development Permit or Credential held (*select one*)

- | | | |
|--|---|---|
| ☐ I do not have a permit | ☐ Master Teacher | ☐ Children's Center Supervision |
| ☐ Assistant Teacher | ☐ Site Supervisor | ☐ Teaching Credential plus 12 ECE/CD units |
| ☐ Associate Teacher | ☐ Program Director | ☐ PTK-3 ECE Specialist Instruction Credential |
| ☐ Teacher | ☐ Children's Center Instruction | |

36. Have you participated in a county sponsored professional development program such as CARES, CARES Plus, AB212, MyTeachingPartner (MTP)? ☐ Yes ☐ No If yes, please specify _____

37. Have you been trained in the following topics or tools? (*check all that apply*)

- | | |
|--|---|
| ☐ Program for Infant Toddler Care (PITC) | ☐ Desired Result Developmental Profile (DRDP) |
| ☐ Early Childhood Educator Competencies | ☐ Center for Social & Emotional Foundations for Early |
| ☐ Environmental Rating Scales (ECERS, ITERS or FCCERS) | ☐ Learning Teaching Pyramid (CSEFEL) |
| ☐ Classroom Assessment Scoring System (CLASS or CLASS 2) | ☐ Ages & Stages Questionnaires (ASQ-3 & ASQ-SE) |
| ☐ Strengthening Families 5 Protective Factors Framework | ☐ USDA Child & Adult Care Food Program Guidelines (CACFP) |
| ☐ CA Early Learning System Foundations & Frameworks | ☐ Family Childcare At It's Best |
| ☐ California Preschool/Transitional Kindergarten Learning Foundations (P-TKLF) | ☐ Coaching Companion |
| | ☐ Creating Braves Spaces |

38. Please circle the best days of the week, and times of day, that work best for you to attend workshops and trainings: (*circle all that apply*)

Monday: Select

Tuesdays: Select

Wednesdays: Select

Thursdays: Select

Fridays: Select

Saturday: Select

Sunday: Select

In entering into this contract with Amador Quality for Kids, the Participant and/or Program Manager/Director, herein referred to as "Participant" agrees to the following:

- Participants agree to notify Quality for Kids of any changes that may affect program participation such as changes in staffing, capacity, licensing status, address change, and program closure.
- The program agrees to maintain compliance with Community Care Licensing, if applicable.
- Participants agree not to use any funds received from Amador Quality for Kids to supplant other funding that has already been received or will be received from other sources.
- Participants agree to have the information on this application entered into HUBBE, the Quality Counts California database, for tracking and reporting purposes. Your individual information is confidential, and submission of your information to HUBBE will be done in a confidential and secure manner.
- Participants will read and agree to the HUBBE Terms and Conditions for the use of the Web based data system.

Participants understand that Amador Quality for Kids will use the data to compile a Common Data File Report to First 5 California, annually.

I agree to participate in Amador County's local IMPACT project – "Amador Quality for Kids."

Signature

Date

Thank you very much! **Please return to:**

First 5 Amador Phone: (209)
257-1092

Mailing: P.O. Box 815 Fax: (209) 257-1098
Jackson, CA 95642

To drop off in person: 975 Broadway, Jackson
Email: g4k@first5amador.com

Our Partners

