



“Amador Quality for Kids” Registration Form 2024-2025

PERSONAL INFORMATION

1. First Name _____ Last Name _____

2. Date of Birth ____/____/____

3. Gender ☐ Female ☐ Male

4. Workforce Registry ID # _____

5. What language(s) do you speak? _____

6. Physical Address (☐ home ☐ work)

City State Zip

7. Mailing Address (☐ home ☐ work)

City State Zip

8. Phone Number(s) _____ Cell ☐ Home ☐ Work ☐

9. Email Address _____

CURRENT WORK FACILITY

10. Work Facility Name _____

11. Facility Address

City State Zip

12. Facility Phone Number _____

13. Facility License # _____

14. Director/Owner First and Last Name _____

15. Full Day/ Full Year ____ Full Day/ Part Year ____ Part Day/ Full Year ____ Part Day/ Part Year ____

16. Setting or Program Type: (Check all boxes that apply)

☐ Licensed Child Care Center/Early Childhood Program

☐ Head Start (including Early and Migrant Head Start)

☐ State Preschool

☐ Private/Subsidized (City, County, etc.)

☐ Private/Non-Subsidized

☐ Public School

☐ Family, Friend and Neighbor Provider

☐ Licensed Family Child Care Home

☐ Small Family Child Care Home

☐ Large Family Child Care Home

☐ License-Exempt Center or Child Care Home

☐ Playgroup

☐ Community Center/Family Resource Center

☐ Other _____

CURRENT EMPLOYMENT

17. Employment start date ____/____/____

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

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

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

- | | | |
|---|------------------------------------|---|
| <input type="checkbox"/> Owner/Operator | <input type="checkbox"/> Assistant | <input type="checkbox"/> Other (please specify) _____ |
|---|------------------------------------|---|

20. City of employment _____

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

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

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

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

25. Total number of classrooms _____

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

_____ Less than one year	_____ 1 year old
_____ 2 years old	_____ 3 years old
_____ 4 years old through pre-kindergarten	_____ Kindergarten and School-aged

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

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

28. Total number of classrooms _____

29. Total number of teachers & assistants _____

30. Language of instruction _____

31. Count of children by home language:

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

32. Count of Children by race/ethnicity:

American Indian or Alaska Native: _____	Bi-Racial/Multi Race: _____
Asian: _____	Black/African American: _____
Pacific Islander/Hawaiian Native: _____	Other (please specify): _____
White: _____	

EDUCATION

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

_____ Units

34. 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)

☐ Master's degree

Date of attainment: _____

Date of attainment: _____

☐ Doctorate or other advanced degree

Date of attainment: _____

35. 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BA/BS/4-year college	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Master's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doctorate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

36. Level of Child Development Permit held (*select one*)

☐ I do not have a permit

☐ Associate teacher

☐ Master teacher

☐ Program director

☐ Assistant teacher

☐ Teacher

☐ Site supervisor

☐ Children's Center Instruction

☐ Children's Center Supervision

☐ Teaching Credential plus 12 ECE/CD units

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

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

☐ Program for Infant Toddler Care (PITC)

☐ Early Childhood Educator Competencies

☐ Environmental Rating Scales (ECERS, ITERS or FCCERS)

☐ Classroom Assessment Scoring System (CLASS)

☐ Strengthening Families 5 Protective Factors Framework

☐ CA Early Learning System Foundations & Frameworks

☐ Desired Result Developmental Profile (DRDP)

☐ Center for Social & Emotional Foundations for Early Learning Teaching Pyramid (CSEFEL)

☐ Ages & Stages Questionnaires (ASQ-3 & ASQ-SE)

☐ USDA Child & Adult Care Food Program Guidelines (CACFP)

39. 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*)

Mondays

Tuesdays

Wednesdays

Thursdays

Fridays

Saturdays

Sundays

Afternoon

Afternoon

Afternoon

Afternoon

Afternoon

Morning

Morning

Evening

Evening

Evening

Evening

Evening

Afternoon

Afternoon

Evening

Evening

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.
- 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. (This does not apply to FFN providers)
- 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: q4k@first5amador.com

Our Partners

The Resource Connection
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