



## "Amador Quality for Kids" Registration Form 2025-2026

### 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 teachers & assistants \_\_\_\_\_

29. Language of instruction \_\_\_\_\_

30. Count of children by home language:

English: \_\_\_\_\_ Spanish: \_\_\_\_\_ Other (Please specify): \_\_\_\_\_

31. Count of Children by race/ethnicity:

American Indian or Alaska Native: \_\_\_\_\_  
Asian: \_\_\_\_\_  
Pacific Islander/Hawaiian Native: \_\_\_\_\_  
White: \_\_\_\_\_

Bi-Racial/Multi Race: \_\_\_\_\_  
Black/African American: \_\_\_\_\_  
Other (please specify): \_\_\_\_\_

## **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 other 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	<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"/>

35. 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

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)
 ☐ 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)

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*)

- |           |           |            |           |           |           |           |
|-----------|-----------|------------|-----------|-----------|-----------|-----------|
| 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.
- 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. (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.”

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Signature

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Date

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

**First 5 Amador**

**Mailing: P.O. Box 815**

**Jackson, CA 95642**

**Phone: (209) 257-1092**

**Fax: (209) 257-1098**

**To drop off in person: 975 Broadway, Jackson**

**Email: [g4k@first5amador.com](mailto:g4k@first5amador.com)**

### Our Partners

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**Resource** Empowering Communities  
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