



Quality for Kids Registration Form 2025-2026

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)

<input type="checkbox"/> Licensed Child Care Center/Early Childhood Program	<input type="checkbox"/> Licensed Family Child Care Home
<input type="checkbox"/> Head Start (including Early and Migrant Head Start)	<input type="checkbox"/> Small Family Child Care Home
<input type="checkbox"/> State Preschool	<input type="checkbox"/> Large Family Child Care Home
<input type="checkbox"/> Private/Subsidized (City, County, etc.)	<input type="checkbox"/> License-Exempt Center or Child Care Home
<input type="checkbox"/> Private/Non-Subsidized	<input type="checkbox"/> Playgroup
<input type="checkbox"/> Public School	<input type="checkbox"/> Community Center/Family Resource Center
<input type="checkbox"/> Family, Friend and Neighbor Provider (FFN)	<input type="checkbox"/> 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)

<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) _____
□ 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)

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

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 or Individual Educational Plans (IFSP/IEP) in your care? _____

27. Total number of teachers & assistants _____

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: _____

Bi-Racial/Multi Race: _____

Asian: _____

Black/African American: _____

Pacific Islander/Hawaiian Native: _____

Other (please specify): _____

White: _____

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)

<input type="checkbox"/> No high school diploma/No GED	<input type="checkbox"/> High school diploma/GED Date of attainment: _____
<input type="checkbox"/> Some College	<input type="checkbox"/> AA/AS (2-year college degree) Date of attainment: _____
<input type="checkbox"/> BA/BS (4-year college degree) Date of attainment: _____	<input type="checkbox"/> Master's degree Date of attainment: _____
<input type="checkbox"/> 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)

<input type="checkbox"/> I do not have a permit	<input type="checkbox"/> Associate teacher	<input type="checkbox"/> Master teacher	<input type="checkbox"/> Program director
<input type="checkbox"/> Assistant teacher	<input type="checkbox"/> Teacher	<input type="checkbox"/> Site supervisor	<input type="checkbox"/>
<input type="checkbox"/> Children's Center Instruction	<input type="checkbox"/> Children's Center Supervision	<input type="checkbox"/> Teaching Credential plus 12 ECE/CD units	<input type="checkbox"/>

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)

<input type="checkbox"/> Program for Infant Toddler Care (PITC)	<input type="checkbox"/> Early Childhood Educator Competencies
<input type="checkbox"/> Environmental Rating Scales (ECERS, ITERS or FCCERS)	<input type="checkbox"/> Classroom Assessment Scoring System (CLASS or CLASS 2)
<input type="checkbox"/> Strengthening Families 5 Protective Factors Framework	<input type="checkbox"/> CA Early Learning System Foundations & Frameworks
<input type="checkbox"/> Desired Result Developmental Profile (DRDP)	<input type="checkbox"/> Center for Social & Emotional Foundations for Early Learning Teaching Pyramid (CSEFEL)
<input type="checkbox"/> Ages & Stages Questionnaires (ASQ-3 & ASQ-SE)	<input type="checkbox"/> 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

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."

Signature

Date

Our Partners



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

