SEED
System for Early Education Development

Cultivate your professional growth
Join the Alaska SEED Registry

☐ Renewal ☐ Initial
Please print clearly in ink

(*) Indicates required fields for your application to be complete

Personal Information:

*First Name _____ *Middle Initial _____ *Last Name _____ *Previous _____

*Date of Birth ____ /____ /_____ *Last 5 (five) digits of your Social Security # ___- ___-___-___- ___   *Gender ☐ M ☐ F

*Mailing Address _____ *City _____ *State __AK__ *Zip _____

*Home Phone _____ Cell Phone _____ Work Phone _____

*Email Address _____ *Region ☐ Southcentral ☐ Northern ☐ Southeast

Confidential Information:

The following information will be kept confidential and is for data collection and statistical purposes only.
This information will allow us to better serve the early childhood field.

Race/Ethnic Background

☐ American Indian or Alaska Native   ☐ Asian   ☐ Bi-racial or Multi-racial
☐ Black or African American   ☐ Hispanic or Latino origin   ☐ Native Hawaiian or Pacific Island
☐ Caucasian   ☐ Other _____

First Language (check all that apply)

☐ Athabascan ☐ Aleut   ☐ American Sign Language ☐ Aluutiq ☐ Cambodian ☐ Chinese   ☐ Cu'pik
☐ English   ☐ Eyak   ☐ Farsi   ☐ Filipino   ☐ Haida ☐ Hmong   ☐ Inupiaq ☐ Japanese
☐ Korean   ☐ Laotian   ☐ Mien   ☐ Russian ☐ Samoan ☐ Spanish ☐ Tagalog ☐ Tlingit ☐ Tsimshian
☐ Vietnamese ☐ Yupik   ☐ Other _____

Marital Status
☐ Single ☐ Married ☐ Widowed ☐ Divorced ☐ Cohabitating ☐ Decline to respond

Are you providing the sole source of income? ☐ Yes ☐ No
Number of Pre-teen Children _____ Teenage Children _____

Total number of years worked in the Early Childhood Field:_____ years

Early Childhood Associations you are affiliated with (check all that apply)
☐ National Family Child Care Association (FCC)   ☐ Montessori   ☐ Head Start Association
☐ National Association for the Education of Young Children (NAEYC)   ☐ National Education Association (NEA)
☐ National Association of Regulatory Administration (NARA)   ☐ Alaska Family Child Care Association (AFCCA)
☐ Other _____

Employment Information: Current and Previous

Complete the applicable current and previous employment sections. Only include employment history that directly relates to the field of early childhood. Please do not send your resume.

Current Employment

*Relationship Type

☐ Employee   ☐ Contractor   ☐ Owner   ☐ Volunteer   ☐ Unemployed   ☐ Decline to respond

*Employment Status

☐ Full Time Staff   ☐ Part Time Staff   ☐ Ad Hoc Staff   ☐ Seasonal Staff   ☐ Decline to respond

*Current Wage Per Hour $_____/hour or   ☐ Unknown/Decline to respond

Hours worked per week _____/week   Months worked per year _____/year

Please check all benefits you receive from your current employer

☐ Vision   ☐ Dental   ☐ Paid Sick Leave   ☐ Paid Vacation   ☐ Paid Personal Leave
☐ Paid Holidays   ☐ Paid Release   ☐ Paid Training/Tuition   ☐ Retirement Plan   ☐ Other Fees/Dues
☐ Other Financial Support _____

Program Type

Please complete the section below that best describes your current employment–Direct Care or Administrative, Consulting, Social, or Specialty Agency

Direct Care–Early Childhood Education Program/School

*Program or School Name _____ *City _____

*Employment Start Date ____/____/_____

☐ School District   ☐ Head Start/Early Head Start   ☐ Tribal   ☐ Faith-based   ☐ For-profit   ☐ Other Non-profit
☐ Hospital   ☐ Child Care Center   ☐ Family or Group Home   ☐ Community College

*Position/Title
☐ Lead Teacher   ☐ Family or Group Home Child Care Provider
☐ Assistant Teacher/Aide ☐ Assistant Administrator/Director
☐ Administrator/Director ☐ Other Non-Teaching Staff (bus driver, cook, reception)
☐ Apprentice   ☐ Elementary Teacher
☐ Other _____
*Actual Title _____

Administrative, Consulting, Social, or Specialty Agency

*Employer Name _____ *Employment Start Date ____/____/_____

☐ Government Agency (i.e. Licensing)   ☐ Child Care Resource and Referral
☐ University Faculty   ☐ Child Care Assistance
☐ Part C Early Intervention Program Grantee   ☐ Other _____

*Position/Title
☐ Home Visitor   ☐ Occupational Therapist   ☐ Speech Language Pathologist
☐ Developmental Assistant   ☐ Developmental Specialist   ☐ Speech Pathologist
☐ Developmental Associate   ☐ Vision Specialist   ☐ Hearing Specialist
☐ Physical Therapist   ☐ Family Service Coordinator

Previous Employment

The Registry can maintain a comprehensive employment history. Please photocopy this form to document additional prior employment in the early care and education field.

*Relationship Type
☐ Employee ☐ Contractor ☐ Owner ☐ Volunteer ☐ Unemployed ☐ Decline to respond

*Employment Status
☐ Full Time Staff ☐ Part Time Staff ☐ Ad Hoc Staff ☐ Seasonal Staff ☐ Decline to respond

*Previous Wage Per Hour $_____/hour or ☐ Unknown/Decline to respond

*Reason for employment ending
☐ Promotion ☐ Lateral move ☐ Demotion ☐ Voluntary separation ☐ Involuntary separation
☐ Reduction in force ☐ Retirement ☐ Other

Program Type

Please complete the previous section that best describes your previous employment – Direct Care or Administrative, Consulting, Social, or Specialty Agency

Direct Program Care–Early Childhood Education Program/School

*Program or School Name _____ *City _____

*Employment Start Date ___ /___ /_____ *Employment End Date ___ /___ /_____

☐ School District ☐ Head Start/Early Head Start ☐ Tribal ☐ Faith-based ☐ For-profit ☐ Other Non-profit
☐ Hospital ☐ Child Care Center ☐ Family or Group Home ☐ Community College

*Position/Title
☐ Lead Teacher   ☐ Family or Group Home Child Care Provider
☐ Assistant Teacher/Aide ☐ Assistant Administrator/Director
☐ Administrator/Director☐ Other Non-Teaching Staff (bus driver, cook, reception)
☐ Apprentice   ☐ Elementary Teacher
☐ Other _____
*Actual Title _____

Administrative, Consulting, Social, or Specialty Agency

*Employer Name _____

*Employment Start Date ___ /___ /_____ *Employment End Date ___ /___ /_____

☐ Government Agency (i.e. Licensing)   ☐ Child Care Resource and Referral
☐ University Faculty   ☐ Child Care Assistance
☐ Part C Early Intervention Program Grantee   ☐ Other _____

*Position/Title
☐ Home Visitor   ☐ Occupational Therapist   ☐ Speech Language Pathologist
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☐ Developmental Associate   ☐ Vision Specialist   ☐ Hearing Specialist
☐ Physical Therapist   ☐ Family Service Coordinator

Research shows that qualified and well-compensated care providers and teachers are the cornerstone of high-quality early childhood programs.

— National Governors Association, Building an Early Childhood Professional Development System, 2010

Education and Training History:

*Fill in all education information that applies. Documents verifying your education and/or training must be sent in with this application. Unofficial transcripts showing Early Childhood Education/Development and related credits, degrees, as well as copies of training certificates are accepted.

☐ Education and/or Training is not applicable at this time

☐ High School Diploma or GED   Awarded ___/___/_____

☐ CDA - Type: ☐ Family Home   ☐ Center   ☐ Bilingual   ☐ Preschool   ☐ Infant/Toddler
                          Awarded___/___/_____   Expires/Expired ___/___/_____

☐ Associate Degree in _____ Awarded___/___/_____

☐ Baccalaureate Degree in _____ Awarded___/___/_____

☐ Master's Degree in _____ Awarded___/___/_____

☐ Doctoral Degree _____ Awarded___/___/_____

☐ Other Certificate/Credential/Endorsement _____ Awarded___/___/_____

☐ Occupational License _____ Issuing State _____ Issue Date___/___/_____ Expiration Date___/___/_____

☐ Teaching Certificate (i.e. A, C, E, I) Issuing State_____ Issue Date___/___/_____ Expiration Date___/___/_____

Before you submit your application, please verify:

☐ The (*) required fields are complete and you have signed the Statement of Understanding on this page
☐ You have included all documentation verifying your education and/or training, if applicable

*Statement of Understanding

I certify that the information contained in this application is complete and accurate to the best of my knowledge. I understand that the information will be entered into Alaska's System for Early Education Development (SEED) Registry database. I understand that the SEED Registry is a public entity and will protect the confidentiality of personal information provided to the extent permitted under state and federal law.

_____   ____ /____ /_____
*Signature of applicant   *Date Signed

Please submit your application to the Alaska SEED Registry Coordinator via the following:

Mail: 3350 Commercial Drive, Suite 203
Anchorage, AK 99501
Fax: 907.265.3195   Toll Free Fax: 855.265.3195
Electronic: info@seedalaska.org

Questions? Anchorage: 907.265.3194   Toll Free: 855.265.7333
Visit the SEED website: www.seedalaska.org

Thank you for joining the Alaska SEED Registry