Cultivate your professional growth
Join the Alaska SEED Registry

SEED
System for Early Education Development

O Renewal   O Initial

Please print clearly in ink   *(*) Indicates required fields for your application to be complete*

Personal Information:

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

*Date of Birth: _____ /_____ /_____   *Email Address: _____

*Mailing Address: _____ *City: _____ *State: _____ *Zip: _____

*Home Phone (_____)_____ Cell Phone (_____)_____ Work Phone(_____)_____ Opt In To Text Messages? ☐ Yes ☐ No

*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.

*Gender: ☐ Male   ☐ Female   ☐ Non-binary   ☐ Non-gender   ☐ Decline to respond

Race/Ethnic Background: ☐ American Indian   ☐ Alaska Native   ☐ Asian   ☐ Black/African American
☐ Caucasian/White ☐ Hispanic or Latino origin ☐ Native Hawaiian/Pacific Islander   ☐ Multi-racial
☐ Other_____ ☐ Decline to respond

If Not Hispanic or Latino, are you: ☐ Mexican/Mexican American/Chicano   ☐ Puerto Rican   ☐ Cuban
☐ Other _____ ☐ Decline to respond

Preferred Language (check all that apply):

☐ Aleut	☐ Aluutiq/Sugpiaq	☐ American Sign Language		☐ Arabic	☐ Armenian	☐ Athabascan
☐ Burmese	☐ Cambodian	☐ Chinese	☐ Cu'pik	☐ Dutch	☐ English	☐ Eyak	☐ Farsi
☐ Filipino	☐ French	☐ German	☐ Greek	☐ Haida	☐ Hebrew	☐ Hindi	☐ Hmong
☐ Hungarian	☐ Inupiaq	☐ Italian	☐ Japanese	☐ Korean	☐ Laotian	☐ Mien	☐ Norwegian
☐ Persian	☐ Polish	☐ Portuguese	☐ Russian	☐ Samoan	☐ Spanish	☐ Somalian	☐ Swahili
☐ Swedish	☐ Tagalog	☐ Tamil	☐ Telugu	☐ Thai	☐ Tlingit	☐ Tsimshian	☐ Unangan
☐ Urdu	☐ Vietnamese	☐ Yiddish	☐ Yupik	☐ Other _____		

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

Family Size: _____ Number of Adults: _____ Number of Children/Dependents: _____

Yearly Household Income: _____   Are you providing the sole source of income? ☐ Yes ☐ No

Total number of years worked in the early childhood/school-age field: _____

Total number of years in administrative role, if applicable: _____

Early Childhood Associations you are affiliated with (check all that apply):

- ☐ Head Start Association
- ☐ Montessori
- ☐ National After School Association (NASA)
- ☐ National Family Child Care Association (FCC)
- ☐ Alaska Family Child Care Association (AFCCA)
- ☐ National Association for the Education of Young Children (NAEYC)
- ☐ National Education Association (NEA)
- ☐ National Association of Regulatory Administration (NARA)
- ☐ 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

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

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/Licensed School-Age Child Care (SACC)

*Program or School Name: _____ *City: _____ *Employment Start Date ___ /___ /_____

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

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

*Actual Title _____

Administrative, Consulting, Social, or Specialty Agency

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

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

*Position/Title
- ☐ Home Visitor
- ☐ Developmental Assistant
- ☐ Vision Specialist
- ☐ Family Service Coordinator
- ☐ Early Childhood Coach
- ☐ Occupational Therapist
- ☐ Developmental Specialist
- ☐ Hearing Specialist
- ☐ Social Worker
- ☐ Speech Language Pathologist
- ☐ Developmental Associate
- ☐ Physical Therapist
- ☐ Infant/Early Childhood Mental Health Consultant

Previous Employment

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

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

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/Licensed School-Age Child Care (SACC)

*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   ☐ Licensed School-Age Child Care (SACC)

*Position/Title
☐ Lead Teacher   ☐ Family or Group Home Child Care Provider   ☐ Assistant Teacher/Aide
☐ Assistant Administrator/Director ☐ Administrator/Director   ☐ Apprentice   ☐ Elementary Teacher
☐ Other Non-Teaching Staff (bus driver, cook, reception)   ☐ 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   ☐ Developmental Associate
☐ Vision Specialist   ☐ Hearing Specialist   ☐ Physical Therapist
☐ Family Service Coordinator   ☐ Social Worker   ☐ Infant/Early Childhood Mental Health Consultant
☐ Early Childhood Coach

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 or School-age 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

        ☐ Licensed School-Aged Child Care   ☐ Enrolled in HS Vocational Program

        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
Email: 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!