



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 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):

- | | | | | | |
|------------------------------------|---|---|-----------------------------------|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Aleut | <input type="checkbox"/> Alutiq/Sugpiaq | <input type="checkbox"/> American Sign Language | <input type="checkbox"/> Arabic | <input type="checkbox"/> Armenian | <input type="checkbox"/> Athabaskan |
| <input type="checkbox"/> Burmese | <input type="checkbox"/> Cambodian | <input type="checkbox"/> Chinese | <input type="checkbox"/> Cu'pik | <input type="checkbox"/> Dutch | <input type="checkbox"/> English |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> French | <input type="checkbox"/> German | <input type="checkbox"/> Greek | <input type="checkbox"/> Haida | <input type="checkbox"/> Hebrew |
| <input type="checkbox"/> Hungarian | <input type="checkbox"/> Inupiaq | <input type="checkbox"/> Italian | <input type="checkbox"/> Japanese | <input type="checkbox"/> Korean | <input type="checkbox"/> Laotian |
| <input type="checkbox"/> Persian | <input type="checkbox"/> Polish | <input type="checkbox"/> Portuguese | <input type="checkbox"/> Russian | <input type="checkbox"/> Samoan | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Swedish | <input type="checkbox"/> Tagalog | <input type="checkbox"/> Tamil | <input type="checkbox"/> Telugu | <input type="checkbox"/> Thai | <input type="checkbox"/> Tlingit |
| <input type="checkbox"/> Urdu | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Yiddish | <input type="checkbox"/> Yupik | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Tsimshian |
| | | | | | <input type="checkbox"/> Unangan |

Marital Status: Single Cohabiting 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 ___/___/_____

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> School District | <input type="checkbox"/> Head Start/Early Head Start | <input type="checkbox"/> Tribal | <input type="checkbox"/> Faith-based |
| <input type="checkbox"/> For-profit | <input type="checkbox"/> Other Non-profit | <input type="checkbox"/> Hospital | <input type="checkbox"/> Child Care Center |
| <input type="checkbox"/> Family or Group Home | <input type="checkbox"/> Community College | <input type="checkbox"/> Licensed School-Age Child Care (SACC) | |

*Position/Title

- | | | |
|---|---|---|
| <input type="checkbox"/> Lead Teacher | <input type="checkbox"/> Family or Group Home Child Care Provider | <input type="checkbox"/> Assistant Teacher/Aide |
| <input type="checkbox"/> Assistant Administrator/Director | <input type="checkbox"/> Administrator/Director | <input type="checkbox"/> Apprentice |
| <input type="checkbox"/> Other Non-Teaching Staff (bus driver, cook, reception) | <input type="checkbox"/> Other _____ | |

*Actual Title _____

Administrative, Consulting, Social, or Specialty Agency

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

- | | |
|--|---|
| <input type="checkbox"/> Government Agency (i.e. Licensing) | <input type="checkbox"/> Child Care Resource and Referral |
| <input type="checkbox"/> University Faculty | <input type="checkbox"/> Child Care Assistance |
| <input type="checkbox"/> Part C Early Intervention Program Grantee | <input type="checkbox"/> Other _____ |

*Position/Title

- | | | |
|---|---|--|
| <input type="checkbox"/> Home Visitor | <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> Speech Language Pathologist |
| <input type="checkbox"/> Developmental Assistant | <input type="checkbox"/> Developmental Specialist | <input type="checkbox"/> Developmental Associate |
| <input type="checkbox"/> Vision Specialist | <input type="checkbox"/> Hearing Specialist | <input type="checkbox"/> Physical Therapist |
| <input type="checkbox"/> Family Service Coordinator | <input type="checkbox"/> Social Worker | <input type="checkbox"/> Infant/Early Childhood Mental Health Consultant |
| <input type="checkbox"/> Early Childhood Coach | | |

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 ___ / ___ / _____

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> School District | <input type="checkbox"/> Head Start/Early Head Start | <input type="checkbox"/> Tribal | <input type="checkbox"/> Faith-based |
| <input type="checkbox"/> For-profit | <input type="checkbox"/> Other Non-profit | <input type="checkbox"/> Hospital | <input type="checkbox"/> Child Care Center |
| <input type="checkbox"/> Family or Group Home | <input type="checkbox"/> Community College | <input type="checkbox"/> Licensed School-Age Child Care (SACC) | |

*Position/Title

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Lead Teacher | <input type="checkbox"/> Family or Group Home Child Care Provider | <input type="checkbox"/> Assistant Teacher/Aide | |
| <input type="checkbox"/> Assistant Administrator/Director | <input type="checkbox"/> Administrator/Director | <input type="checkbox"/> Apprentice | <input type="checkbox"/> Elementary Teacher |
| <input type="checkbox"/> Other Non-Teaching Staff (bus driver, cook, reception) | <input type="checkbox"/> Other _____ | | |

*Actual Title _____

Administrative, Consulting, Social, or Specialty Agency

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

- | | |
|--|---|
| <input type="checkbox"/> Government Agency (i.e. Licensing) | <input type="checkbox"/> Child Care Resource and Referral |
| <input type="checkbox"/> University Faculty | <input type="checkbox"/> Child Care Assistance |
| <input type="checkbox"/> Part C Early Intervention Program Grantee | <input type="checkbox"/> Other _____ |

*Position/Title

- | | | |
|---|---|--|
| <input type="checkbox"/> Home Visitor | <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> Speech Language Pathologist |
| <input type="checkbox"/> Developmental Assistant | <input type="checkbox"/> Developmental Specialist | <input type="checkbox"/> Developmental Associate |
| <input type="checkbox"/> Vision Specialist | <input type="checkbox"/> Hearing Specialist | <input type="checkbox"/> Physical Therapist |
| <input type="checkbox"/> Family Service Coordinator | <input type="checkbox"/> Social Worker | <input type="checkbox"/> Infant/Early Childhood Mental Health Consultant |
| <input type="checkbox"/> 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: 111 W 16th Ave, Suite 205
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!