



## 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"/> 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      |   |  |



## 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

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|---|---|--|
| <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](mailto:info@seedalaska.org)

Questions? Anchorage: 907.265.3194    Toll Free: 855.265.7333  
Visit the SEED website: [www.seedalaska.org](http://www.seedalaska.org)

Thank you for joining the Alaska SEED Registry!