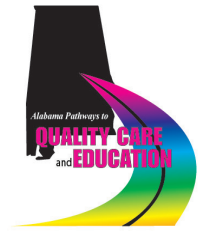


Alabama Pathways Professional Development Registry
**Family and Group Child Care Home
Enrollment Application**



At this time, only Enrollment Applications for individuals whose program is eligible to participate in Alabama Quality STARS will be processed and enrolled into the Alabama Pathways Professional Development Registry (PDR). If you have questions or need assistance with completing this application, contact us via e-mail at help@alabamapathways.org or by phone at (251)473-1060.

*Please complete all requested fields. **Fields marked with an asterisk (*) are required.** It will delay the processing of your application if these fields are not marked.*

*There may also be supporting documentation required along with your Enrollment Application. We encourage you to submit documentation of your highest level of education so that we can accurately place you on an Alabama Pathways Professional Development Lattice Level; however, this documentation is not always required by Alabama Quality STARS. **Refer to the Alabama Pathways PDR Enrollment and Documentation Requirements chart to determine what documentation is required at each STAR level.***

*Submit copies of your supporting documentation with your Enrollment Application. These documents will be kept on file with Alabama Pathways PDR and will not be returned. **Please do not send original documents.** If additional information and/or documentation is needed, you will be notified.*

IDENTIFYING INFORMATION

*First Name _____ *Middle Name _____
*Last Name _____ Maiden Name _____
*Date of Birth ____ / ____ / _____ *Last 5 Digits of SS# _____

CONTACT INFORMATION

*Personal Mailing Address: _____ (Street Address)
_____ (Address 2nd Line - Apt. #, etc.)
_____ (City) _____ (State) _____ (Zip Code)

*County of Residence _____

*Personal E-mail Address _____
This is the e-mail address that Alabama Pathways PDR will use to correspond with you.

*Primary Phone _____
Provide the phone number that you want Alabama Pathways PDR to use should we need to contact you.

Cell Phone _____ Work Phone _____

DEMOGRAPHIC INFORMATION

***Gender** Male Female Prefer not to answer

***Ethnicity** Hispanic Latino Not Hispanic/Latino Prefer not to answer

***Race** Asian Black/African American Hispanic American Indian Pacific Islander White
 Prefer not to answer

***Primary Language** (*The language in which a person speaks most proficiently.*)

English Spanish Other _____

Secondary Language (*Other languages in which a person speaks proficiently.*)

English Spanish Other _____

Learning Language (*The language in which a person prefers to learn.*)

English Spanish Other _____

FORMAL EDUCATION INFORMATION

***Highest Level of Education:** High School Diploma / GED College Certificate Associate's Degree
 Bachelor's Degree Education Specialist Degree Master's Degree Doctorate

Degree Name: (*Submit a copy of the credential along with this Enrollment Application for accurate Lattice Level placement.*)

Associate in Applied Science (AAS) Degree in Child Development Early Care and Education
 Early Childhood Education

Associate in Applied Technology (AAT) Degree in Child Development Early Care and Education
 Early Childhood Education

Associate in Arts (AA) Degree in Child Development Early Childhood Education
 Early Care and Education

Associate in Science (AS) Degree in Child Development Early Childhood Education
 Early Care and Education

Bachelor's Degree in Child Development Early Childhood Education Elementary Education

Education Specialist Degree in Child Development Early Childhood Education
 Elementary Education

Master's Degree in Child Development Early Childhood Education Elementary Education

Doctorate of Philosophy (Ph.D.) in Child Development Early Childhood Education
 Elementary Education

FORMAL EDUCATION INFORMATION CONTINUED...

Doctorate of Education (Ph.D.) in Child Development Early Childhood Education
 Elementary Education

Degree Name if Not Listed Above: _____

Field of Study: Child Development Early Childhood Education Elementary Education
 Early Care and Education
 Other: _____

College / University: _____

Date Degree Awarded ____ / ____ / _____

Please indicate if you have either of the following credentials. (Submit a copy of the credential along with this Enrollment Application for accurate Lattice Level placement.)

Alabama Early Learning Guidelines Credential Child Development Associate (CDA) Credential

EMPLOYMENT INFORMATION

*Licensee Type: Licensed Family Child Care Home Licensed Group Child Care Home

*Business Name: _____

*Business' Physical Address: _____ (Street Address)

_____ (Address 2nd Line - Apt. #, etc.)

_____ (City) _____ (State) _____ (Zip Code)

*Business' County _____ *Employment Start Date ____ / ____ / _____

*Are you a Part-Time Employee (less than 20 hours per week) or a Full-Time Employee?

Part Time Full Time

*Current Position: Family Child Care Home Licensee Group Child Care Home Licensee

Group Child Care Home Assistant

Other: _____

*Ages of children you are currently working with: **Mark all that apply.**

Infants - Birth to 12 months Toddlers - 1 and 2 year olds

Preschoolers - 3 and 4 year olds School-Agers - 5 to 12 year olds N/A

PROFESSIONAL DEVELOPMENT

If you answer "Yes" to any of the following questions, submit a copy of the training certificate along with this form.

Have you completed training on the Business Administration Scale (BAS) assessment tool? Yes No

Have you completed training on the FCCERS assessment tool? Yes No

Are you submitting training certificates for the past 2 years for Alabama Quality STARS? Yes No

Training certificates verifying 4 clock hours of training above the Minimum Standards required annual training from an outside source are **only** required for individuals employed at programs applying for Three, Four or Five STARS.

CONFIDENTIALITY AGREEMENT

I, the undersigned, have read and agree to all statements indicated in this application. I hereby agree that the information provided in this application form is complete, accurate, and will be entered in the Alabama Pathways Professional Development Registry. I understand that I am responsible for information included in this application and agree to update my information with Alabama Pathways Professional Development Registry when applicable.

I understand that the information in my profile will be used for the following purposes:

1. Your information will be shared with Alabama Quality STARS and used for program STAR level determination.
2. Your information will be used by Alabama Pathways Professional Development Registry for Lattice Level placement determination, recognizing individual's education attainments (such as attainment of a Child Development Associate or Bachelor's degree).
3. Your information will be used to compile, analyze, and publish group data reports.

Data compiled from the Alabama Pathways Professional Development Registry may be released to aid community and state planning to increase the quality and services of the early care and education community. Your name will not be released to advertisers. Information that could affect the safety and security of an individual (i.e. social security numbers, birth dates and personal addresses) will not be released to any individual or agency other than the Alabama Department of Human Resources and Alabama Quality STARS.

*Signature _____ *Date _____

To submit this Enrollment Application form, mail to:

Alabama Pathways Professional Development Registry
3100 Cottage Hill Road
Building 4, Suite 400
Mobile, AL 36606

For assistance completing this form, contact us at:

Phone: 251-473-1060
E-Mail: help@alabamapathways.org