



First Semester Registration

PLEASE PRINT. COMPLETE ENTIRE FORM.

Date:		ACDS Instructor:	
I. Personal Information			
SSN: XXX-X _- _ _ _ _		Date of Birth:	Maiden Name:
First Name:		MI:	Last Name:
Mailing Address:			
City:		State:	Zip: County:
Home Phone:		Cell Phone:	E-mail:
II. Employment Information			
Program:		Supervisor/Mentor:	
Mailing Address:			
City:		State:	Zip: County:
Work Phone:		Fax:	E-mail:
How Long in This Position:		Total Years of Experience:	Hours Worked Per Week:
Job Title (<i>choose one</i>):			
<input type="checkbox"/> Teacher	<input type="checkbox"/> Lead Teacher	<input type="checkbox"/> Family Provider	<input type="checkbox"/> Substitute Teacher
<input type="checkbox"/> Teacher's Aide/Assistant	<input type="checkbox"/> Co-Teacher	<input type="checkbox"/> Director	<input type="checkbox"/> Substitute Aide
<input type="checkbox"/> Home Visitor	<input type="checkbox"/> Other:		
Work Site (<i>Choose the one that best fits your program</i>):			
<input type="checkbox"/> Family Provider	<input type="checkbox"/> Head Start	<input type="checkbox"/> Public School	<input type="checkbox"/> Facility
<input type="checkbox"/> Child Care Center	<input type="checkbox"/> Pre-K	<input type="checkbox"/> Private Preschool	<input type="checkbox"/> Other _____
Ages of children you work with (<i>Check all that apply</i>):		Ages your program serves (<i>Check all that apply</i>):	
<input type="checkbox"/> Infants/Toddlers <i>(Birth - 3)</i>	<input type="checkbox"/> Preschool <i>(3 - 4)</i>	<input type="checkbox"/> School Age <i>(5 +)</i>	<input type="checkbox"/> Infants/Toddlers <i>(Birth - 2)</i>
			<input type="checkbox"/> Preschool <i>(3 - 4)</i>
			<input type="checkbox"/> School Age <i>(5 +)</i>
Average # of children served in your program:		Hourly Wage:	
<input type="checkbox"/> Less than 10	<input type="checkbox"/> 11 - 30	<input type="checkbox"/> \$8.75	<input type="checkbox"/> \$8.76 - \$9.50
<input type="checkbox"/> 31 - 70	<input type="checkbox"/> 71+	<input type="checkbox"/> \$9.51 - \$11.50	<input type="checkbox"/> \$11.51 or more
III. Educational Information			
Are you registered on the WV STARS Career Pathway?		What Level?	STARS #:
Highest Level of Education Achieved When You Began Program:			
<input type="checkbox"/> High School/GED	<input type="checkbox"/> Jr/Business College	<input type="checkbox"/> Some College Credit	<input type="checkbox"/> Bachelor's Degree
<input type="checkbox"/> CDA	<input type="checkbox"/> Vocational Classes	<input type="checkbox"/> Associate's Degree	<input type="checkbox"/> Other
Career Linkage or Direct Entry: (<i>Mark one</i>)			
<input type="checkbox"/> None	<input type="checkbox"/> Incumbent Worker	<input type="checkbox"/> Adult	<input type="checkbox"/> Youth
			<input type="checkbox"/> School-to-Registered Apprenticeship
I <input type="checkbox"/> have <input type="checkbox"/> have not participated in any training about young children before starting this program.			

IV. Other Information

Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Age: <input type="checkbox"/> 18 - 25 <input type="checkbox"/> 36 - 45 <input type="checkbox"/> 26 - 35 <input type="checkbox"/> 46+	Ethnicity: <i>(Mark One)</i> <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	Race: <i>(Mark One or More)</i> <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Pacific Islander
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Veteran Status: Non-Veteran Veteran

Please check if applies: <input type="checkbox"/> Single – Head of Household <i>(Children under 18)</i> <input type="checkbox"/> Person with Special Needs	Dependents: <i>(Children under 18, exclude spouse):</i> <input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> Three or more
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V. Emergency Contact Information

Name:	Relationship to You:		
Primary Phone:	Secondary Phone:		
Street Address:	City:	State:	Zip

I understand that communication between my employers, my on-the-job supervisor(s), my ACDS instructors, and myself plays a vital role in evaluation, directions for classroom study, and program requirements. I give my consent for information about my course activities, progress, and job performance to be exchanged as needed among these parties.

Apprentice Signature Date

Instructors must submit this form no later than the 3rd week of class.

Submit completed form to:

Sherrie Myers, ACDS State Coordinator
611 7th Avenue Suite 208
Huntington, WV 25701

<i>Office Use Only</i>	<i>Date</i>	<i>Initials</i>
<i>Apprenticeship Agreement Reviewed and Signed</i>		
<i>Appendix A – Work Process Schedule Reviewed and Signed</i>		
<i>Appendix E – Employer Acceptance Agreement</i>		
<i>Entered</i>		
<i>Scanned</i>		