



Second – Fourth Semester Registration

COMPLETE ENTIRE FORM.

Semester <i>(Please check one)</i>		
<input type="checkbox"/> Second	<input type="checkbox"/> Third	<input type="checkbox"/> Fourth

Date:	ACDS Instructor:
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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

Work Site:	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:	
Ages of Children You Work With:	Hourly Wage:		
<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"/> \$8.75 <input type="checkbox"/> \$9.51 - \$11.50
			<input type="checkbox"/> \$8.76 - \$9.50 <input type="checkbox"/> \$11.51 or more

III. Educational Information

Are you registered on the WV STARS Career Pathway?	What Level?	STARS #:
Current Highest Level of Education:		
<input type="checkbox"/> High School/GED <input type="checkbox"/> CDA	<input type="checkbox"/> Jr/Business College <input type="checkbox"/> Vocational Classes	<input type="checkbox"/> Some College Credit <input type="checkbox"/> Associate's Degree
<input type="checkbox"/> Bachelor'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		

IV. Other Information

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

V. Emergency Contact Information

Name:	Relationship to You:	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>		