



Apprenticeship for Child Development Specialist  
**Journey person Registration**

PLEASE TYPE OR PRINT IN BLUE OR BLACK INK.

Date:			
<b>I. Personal Information (required)</b>			
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:
<b>II. ACDS Class Information (required)</b>			
Please list instructor's name beside each semester:			
First Semester: _____		Second Semester: _____	
Third Semester: _____		Fourth Semester: _____	
Date Began ACDS:		Date Completed ACDS:	Received Dept. of Labor Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>III. Current Employment Information (required)</b>			
Program:		Supervisor:	
Mailing Address:			
City:		State:	Zip: County:
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"/> Administrator (owner, director, assistant) <input type="checkbox"/> Family Child Care/Facility Provider <input type="checkbox"/> Substitute (teacher, aide) <input type="checkbox"/> Home Visitor <input type="checkbox"/> Assistant Teacher (teacher's aide/assistant) <input type="checkbox"/> Non-teaching Support Staff <input type="checkbox"/> Teacher (lead teacher, co-teacher, head teacher) <input type="checkbox"/> Other			
Work Site ( <i>Choose the one that best fits your program</i> ): <input type="checkbox"/> Family Provider <input type="checkbox"/> Public School <input type="checkbox"/> Head Start <input type="checkbox"/> Facility <input type="checkbox"/> Child Care Center <input type="checkbox"/> Private School <input type="checkbox"/> Pre-K <input type="checkbox"/> Other			
Ages of children you work with ( <i>Check all that apply</i> ): <input type="checkbox"/> Infants/Toddler (Birth – 36 months) <input type="checkbox"/> Preschool (36 months-Pre-K) <input type="checkbox"/> School Age (K+)			Ages your program serves ( <i>Check all that apply</i> ): <input type="checkbox"/> Infants/Toddlers (Birth – 36 months) <input type="checkbox"/> Preschool (36 months-Pre-K) <input type="checkbox"/> School Age (K+)
Licensed Tier status of work site ( <i>choose one if applicable</i> ): <input type="checkbox"/> Tier I <input type="checkbox"/> Tier II <input type="checkbox"/> Tier III			Current hourly wage ( <i>dollars and cents</i> ): \$ _ . _ _
<b>V Educational Information (required)</b>			
Are you registered on the WV STARS Career Pathway?		What Level?	STARS #:
<b>Current Highest Educational Level:</b> <input type="checkbox"/> ACDS Graduate <input type="checkbox"/> Jr/Business College <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Vocational Classes <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Some College Credit <input type="checkbox"/> Other			

**VI. Other Information (optional)**

Pay increase since completion of ACDS (dollars/cents): \$\_\_ \_\_. \_\_ \_\_ or \_\_%  No increase

Marital Status:

Single

Widow

Married

Divorced

Dependents: *(Children under 18)*

One

Two

Three or more

How has ACDS benefited you?

What did you enjoy most about your ACDS classes?

Would you recommend ACDS to a coworker or family member? Why or Why not?

Do you have suggestions or comments regarding the program?

Submit completed form to:  
ACDS Statewide Coordinator  
611 7<sup>th</sup> Avenue, Suite 208  
Huntington, WV 25701  
Email: wvacds@rvcds.org  
Fax: 304-697-6613



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