

Maine Registry Application

PLEASE PRINT CLEARLY IN INK

SECTION 1 – CONTACT INFORMATION

Name: _____
 Home Address: _____
 City: _____ State: ME Zip: _____ County: _____
 Home Telephone: _____ Home Email: _____
 Date of Birth: _____ Social Security # (Last 5 digits): _____

SECTION 2 – WORK SETTING

Please indicate the category that best describes your current work setting.

- | | |
|--|--|
| <input type="checkbox"/> Family Child Care (licensed for 3-12 children) | <input type="checkbox"/> School Age Direct Care |
| <input type="checkbox"/> Center-based Direct Care (licensed for 13 or more children) | <input type="checkbox"/> Management/Coordination |
| <input type="checkbox"/> Social Services | <input type="checkbox"/> Administrative |

My current job title is: _____
 (please specify)

Please indicate the groups with whom you work. (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Infant (6 weeks to 12 months) | <input type="checkbox"/> Toddler (12 months to 30 months) |
| <input type="checkbox"/> Preschool (30 months up to Kindergarten) | <input type="checkbox"/> Kindergarten |
| <input type="checkbox"/> School Age (7-9) | <input type="checkbox"/> School Age (10-12) |
| <input type="checkbox"/> School Age (13-15) | <input type="checkbox"/> Families |
| <input type="checkbox"/> Providers | |

SECTION 3 – CURRENT EMPLOYMENT INFORMATION

A. Place of Employment: _____

I started working at this center/program on: _____

Program's State License Identification #: _____ Expiration date: _____

Program Street Address: _____

City: _____ State: _____ Zip: _____

Telephone #: _____ Email: _____

B. Please indicate the category that best describes your program: (check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Not required to be certified (Exempt) | <input type="checkbox"/> Small Facility (3-12 children) | <input type="checkbox"/> Child Care Center |
| <input type="checkbox"/> In-Home Child Care (3-12 children) | <input type="checkbox"/> Nursery School | <input type="checkbox"/> Early Head Start |
| <input type="checkbox"/> Head Start | <input type="checkbox"/> School-age Child Care | <input type="checkbox"/> Public pre-K |
| <input type="checkbox"/> Tribal | <input type="checkbox"/> Non-Profit | <input type="checkbox"/> For Profit/Private |
| <input type="checkbox"/> State Funded | <input type="checkbox"/> Resource Development Center | <input type="checkbox"/> Other Child/Family Agency |
| <input type="checkbox"/> Higher Education Faculty | <input type="checkbox"/> Early Childhood Trainer/consultant | <input type="checkbox"/> Other: _____ |

C. Accreditation:

Is the program accredited? Yes No
 (If yes, please send a copy of your accreditation certificate)

If yes, what is the accrediting body?

NAEYC NAFCC NAA Other: _____

Are you in the process of accreditation? Yes No

D. If your program is part of an agency, family child care or food network, please complete the following:

Agency or Network Name: _____

Address (if different): _____

Telephone: _____ Agency Email: _____

SECTION 4 – EARLY CARE AND EDUCATION WORK EXPERIENCE

Your Registry level depends in part on your early care and education work experience. Please use the worktable below to calculate your work experience with children and families. The worktable should include all paid experience. You should include supervised college practicum, but DO NOT include babysitting or occasional volunteer work. Check each employment responsibility that applies to the work you did while holding that position. (See worktable for example)

Employment Responsibility:

D = Direct Care S = Supervisory responsibility A = Administrative responsibility

Please list current employment first.

Place of Employment	Position	From (date)	To (date)	Responsibility
Ex. Mary’s Child Care	Teacher	01-01=2001	01-01-2003	<input type="checkbox"/> D <input type="checkbox"/> S <input type="checkbox"/> A
				<input type="checkbox"/> D <input type="checkbox"/> S <input type="checkbox"/> A
				<input type="checkbox"/> D <input type="checkbox"/> S <input type="checkbox"/> A
				<input type="checkbox"/> D <input type="checkbox"/> S <input type="checkbox"/> A

SECTION 5 – EDUCATION

Your Registry level depends in part on your education level. You MUST have documentation of your high school diploma/GED only if that is your highest level of education to date. You MUST include a copy of a transcript for any Early Care and Education or related coursework or degree you have completed or we can not count those courses or degree.

A. Please indicate highest level of education to date. (Please check only one category)

- Some High School (Highest grade completed) _____
- High School Diploma/GED (Date graduated) _____
- Some ECE or related college classes
- 1-year ECE college certificate or related course work (include transcript or copy of certificate)
- Associate Degree Bachelor degree Master’s degree Ph. D or Ed. D
- Other: _____

B. Formal Education after High School

List all institutions. Attach a photocopy of transcripts or grade reports that reflect all college credit. The name of the institution, dates of course work and graduation date (if applicable) must be clearly visible on the transcript.

Institution	Degree Awarded and Date	Major	Dates attended

If you are currently pursuing a degree, indicate the degree program and tentative completion date.
Certificate or Degree: _____ Tentative Completion Date: _____

C. Professional Certification

Please indicate professional credentials that you hold. *(Please check all that apply.)* You must include a photocopy of the credential with your registry application for verification.

- Child Development Associate (CDA) Expiration Date: _____
- Maine State Education Technician Authorization Expiration Date: _____
- Maine State Teacher Certification Expiration Date: _____
- First Aid Expiration Date: _____
- CPR Expiration Date: _____
- Other: _____ Expiration Date: _____

SECTION 6 – TRAINING IN EARLY CARE AND EDUCATION IN THE LAST 5 YEARS

Your placement on the Registry Career Lattice is based on three criteria: 1. Experience working in an Early Care and Education Setting, 2. your highest early care and education level and 3. your participation in ongoing training.

If you do not hold a degree or a CDA credential in Early Care and Education, Social Services, or a related field, you may use relevant training hours to determine your initial Registry Level. You may submit a combination of all Maine Roads Core Knowledge Training hours that you have completed and up to 30 hours of other Early Care and Education training hours that you have completed in the past five years. **All workshop and conference certificates MUST clearly state the name of the training, the date of the training and the number of hours of training earned or they will not be counted. Please send copies of your certificates. We can not return originals. You may also submit a signed training log from your employer that documents training from the past five years. Do not include certificates for any training that is listed on the employee training log.**

SECTION 7 – PROFESSIONAL CONTRIBUTIONS

Member of an early care and education association _____
Validator for a professional association _____
CDA Field Advisor _____
Peer Mentor _____

SECTION 8 – OPTIONAL INFORMATION

The following information is optional and will in no way affect your Registry application or Registry certificate status. In order to ensure that the Registry is providing useful statistical information about the child care workforce in Maine, we encourage you to provide the following information. Please be assured that this information is confidential.

A. Gender: Male Female

B. Race/Ethnicity: *Please check all that apply.*

- American Indian/Alaskan Native Hispanic African American/Black
- Asian White Native Hawaiian or Pacific Islander
- Other: _____

Do you speak another language at your place of employment? Yes No
Native language spoken: _____ Secondary language spoken: _____
If other languages are spoken, please list: _____

C. Do you work?

- Part time (twenty or fewer hours per week) Full time; (more than twenty hours per week)
- 12 months a year Less than 12 months yearly

SECTION 9 – SIGNATURE AND MAILING INSTRUCTIONS

Please use the checklist below to make sure you have included all information along with your completed application. If you have any questions concerning the Registry Application or what materials to submit, please contact Priscilla Armstrong. After we have received your completed application, your application will be processed and a certificate mailed to you.

- A current First Aid and CPR Certificate is required for all Registry members who work directly with young children.
- A copy of your certificates of attendance at professional child care and early education workshops and conferences that you have attended in the past 5 years.
- A copy of your high school diploma or proof of GED (only if this is your highest level of education achieved to date).
- A copy of your CDA Certificate or Renewal (and transcript if taken through a college program).
- A copy of completed college courses or grade report (if you have not completed your degree)
- A copy of your Degree and transcript (Associate, Bachelor's, Master's, or Doctorate).
- A copy of the accreditation certificate (if applicable).
- A check for \$10.00 to cover your application fee. Make check payable to the *University of Southern Maine*.

Your Registry certificate will be sent to you in six to eight weeks if all essential materials are included with your application.

Release Statement

*I, the undersigned, hereby agree that the information provided in this enrollment form is complete, accurate and will be entered into Maine's Professional Achievement and Recognition System – Maine Roads to Quality. I understand that I am responsible for information included in this application. I do hereby indemnify the Registry, employees and agents against any claims whatsoever arising out of or connected with the information and/or any subsequent professional placement. I understand that the Registry is a public entity and will protect the confidentiality of personal information provided to the extent permitted under state and federal law. I understand that the information in my file **will be** used for the following purposes:*

- The Institute for Child and Family Policy at the Muskie School of Public Service, University of Southern Maine **may** use the information provided in the enrollment form to compile and publish group data reports, and to recognize individual's educational attainments.*
- Relevant State agencies and programs may access this information to verify Career Lattice levels.*
- Data compiled from the Registry may be released to aid community planning to increase the quality and services of the early care and education community.*
- Your name will not be released to advertisers.*
- Social security numbers are masked in the Registry and will not be provided to any partners for any reason..*

Signature: _____

Date: _____

Please return your completed and signed Registry Application to:

Priscilla Armstrong, Maine Roads Registry
USM/Muskie School of Public Service
P.O. Box 9300, Portland, ME 04104-9300
Tel: 780-5846, Fax: 780-5817

Maine Roads to Quality is funded by the Maine Department of Health and Human Services, Office of Child and Family Services, Early Childhood Division and is located at the University of Southern Maine, Muskie School of Public Service, Cutler Institute for Child & Family Policy.