

# AB212 Registration (Part 1 of Your Registration)



**CHILD CARE**  
COORDINATING COUNCIL  
OF NEVADA COUNTY

**Submit completed registration materials on or before November 6, 2014 at 5 p.m. Postmarks will not be accepted in lieu of the due date.**

Mail or hand deliver completed materials to:  
Child Care Coordinating Council  
640 E. Main Street, Suite#3  
Grass Valley, CA 95945

### Registration Instructions:

- Please type or print legibly in blue or black ink.
- Illegible or incomplete materials will not be processed.
- Registration must be completed in English.

If you have any questions, contact our office and we will be happy to help you: (530) 271-0258.

## SECTION 1, CONTACT INFORMATION:

1. Last Name:		First name:		
2. Mailing Address:		City:	State:	Zip:
		3. Home Phone:		4. Email:
5. Place of Birth (Co/State/Country):		6. Date of Birth (MM/DD/YY):		7. Gender M/F:
8. Mother's First Name:		9. SSN:		
Please answer #10. This information is being collected for statistical purposes only. Categories are in compliance with the 2000 US Census.				
10. How do you identify your race/ethnicity? <input type="radio"/> Latino/Hispanic (from which country?):_____				
<input type="radio"/> White <input type="radio"/> Black, African American <input type="radio"/> American Indian or Alaskan Native <input type="radio"/> Asian American <input type="radio"/> Chinese <input type="radio"/> Filipino <input type="radio"/> Korean <input type="radio"/> Vietnamese <input type="radio"/> Japanese <input type="radio"/> Other Asian:_____ <input type="radio"/> Native Hawaiian <input type="radio"/> Guamanian or Chamorro <input type="radio"/> Samoan <input type="radio"/> Other Pacific Islander:_____ <input type="radio"/> Other Race:_____				
11. Languages other than English spoken at home:		12. Permanent contact phone number:		

## SECTION 2, WORK HISTORY:

13. Languages (including Sign Language), other than English, that you speak fluently and use to communicate with a client or a client's child at work:				
14. Name of site you work for:				
15. Work address:		City:		Zip:
16. Date you were hired at above program (month and year):		17. Work phone:		
18. Director's full name:		19. Director license number:		
20. <b>Number</b> of children you care for that are:	Birth – 23 months:	2 yr. – 2 yrs, 11 mo's:	3yrs – 5 yrs:	6yrs+:

21. Do you currently care for children with special needs? YES / NO	22. Hours worked at above program weekly:
23. Your annual salary (before taxes): \$	24. Hourly wage: \$
25. What is the highest level of education you have completed? <input type="radio"/> Some high school <input type="radio"/> High school degree <input type="radio"/> Some College, unrelated field <input type="radio"/> Some college, related field <input type="radio"/> A.A. <input type="radio"/> B.A. <input type="radio"/> M.A. <input type="radio"/> Ph.D.	
26. If you have a degree (A.A, B.A, etc.), what field is it in?	
27. What level Child Development Permit do you hold? Attach a copy or application.	
28. Total years worked in early childhood education in Nevada County:	29. Total years worked in early childhood education:

**SECTION 3, PROFESSIONAL GROWTH:** Please attach 21 hours of Professional Growth Activities (workshops, courses, etc.) you have completed since July 1, 2014 (attach documents or submit May 27, 2015) or proof of progress to 105 hours for past 5 years

**SECTION 4, EMPLOYER DECLARATION: FOR STATE CONTRACTED SITE EMPLOYEES ONLY**

I certify that above employee works in this State contracted site and currently works an average of \_\_\_\_\_ hours a week.

The applicant's hourly wage is \$ \_\_\_\_\_. I understand that the incentive she/he receives is in addition to his/her annual salary, and I certify that current salary and salary advancement will not be negatively affected by the incentive.

This employee has knowledge and participates in and /or has training in:

DRDP child assessments  ECERS, ITERS

Signature of Employer

Date

**SECTION 5, INDIVIDUAL DECLARATION: (THIS MUST BE SIGNED IN ORDER TO COMPLETE YOUR REGISTRATION)**

**Family Child Care Network Applicants:** you must attach proof that you have completed DRDP child assessments and FCCERS self study and proof of training in DRDP and FCCERS.

I, \_\_\_\_\_, certify that all information provided is true and correct.

Signature of Applicant

Date

## AB212 Survey (Part 3 of your registration)

Please return the completed survey as part of your AB212 registration materials.

1. Have you had any formal training in the care and/or inclusion of children with disabilities or other special needs? YES NO

2. Have you had any formal training in the last 12 months that focused exclusively on the care and/or inclusion of children with disabilities and other special needs? YES NO

If so, please describe the training:

3. Have you had any formal or informal training in interpreting the screenings or assessments? YES NO

If so, please describe the training and/or your experiences:

4. If you needed to access services or needed refer a family to services that could provide services in addition to those that are offered at your early childhood education site for a child with a disability or other special needs, would you know where to refer them? YES NO

If so, where?

5. What would you feel could help you or your site better serve children with disabilities and other special needs and their families?

6. Do you know what an IEP is? YES NO

If so, have you ever participated in an IEP? YES NO

If so, have you participated in an IEP in the last 12 months? YES NO