

Child Care WAGE\$® Project

County of employment: _____ Social Security number: _____

I. GENERAL INFORMATION

A. Date of application: _____ B. County of residence: _____

C. Legal name: _____

D. Preferred name (nickname): _____
First Middle Last

E. Mailing address: _____

F. Home phone: (____) _____ G. Cell phone: (____) _____
Street City State Zip Code

H. Email address: _____

I. Date of birth: _____ J. Gender: Male Female

K. Ethnicity
 Black/ African American Asian American/ Pacific Islander Other _____
 White/ European American Hispanic American/Latino/Latina
 American Indian (tribe) _____ Biracial

L. Have you previously applied to the Child Care WAGE\$® Project? Yes No

II. EDUCATIONAL BACKGROUND

A. Indicate your education below: College Year Awarded

Licenses (check all that apply)

<input type="checkbox"/> N.C. Birth-Kindergarten License	_____	_____
<input type="checkbox"/> Preschool Add-On License	_____	_____
<input type="checkbox"/> License Other _____	_____	_____

Degrees (check all that apply)

<input type="checkbox"/> Ph.D. Early Childhood Ed/Child Dev	_____	_____
<input type="checkbox"/> Ph.D. Other _____	_____	_____
<input type="checkbox"/> MA/MS Early Childhood Ed/Child Dev	_____	_____
<input type="checkbox"/> MA/MS Other _____	_____	_____
<input type="checkbox"/> BA/BS Early Childhood Ed/Child Dev/BK	_____	_____
<input type="checkbox"/> BA/BS Other _____	_____	_____
<input type="checkbox"/> AAS Early Childhood Ed/Child Dev	_____	_____
<input type="checkbox"/> AAS Other _____	_____	_____

Diplomas, Certificates & Credentials (check all that apply)

<input type="checkbox"/> Community College Early Childhood Education Diploma (at least 36 semester hours)	_____	_____
<input type="checkbox"/> Community College Early Childhood Education Certificate (at least 12 semester hours)	_____	_____
<input type="checkbox"/> Early Childhood	_____	_____
<input type="checkbox"/> Infant Toddler	_____	_____
<input type="checkbox"/> Other _____	_____	_____
<input type="checkbox"/> Child Development Associate Credential (CDA)	_____	_____
<input type="checkbox"/> Earned for at least 12 semester hours	_____	_____
<input type="checkbox"/> Earned with workshop hours	_____	_____
<input type="checkbox"/> N.C. Credential	_____	_____
<input type="checkbox"/> Early Childhood	_____	_____
<input type="checkbox"/> Family Child Care	_____	_____
<input type="checkbox"/> Administrator	_____	_____
<input type="checkbox"/> Level I	_____	_____
<input type="checkbox"/> Level II	_____	_____
<input type="checkbox"/> Level III	_____	_____

Have you earned any college credits that are not listed above? Yes No If yes, please list:

- B. Do you have a high school diploma or GED? Yes No
C. Are you enrolled in early childhood coursework at a community college, college or university? Yes No
D. Are you currently participating in the T.E.A.C.H. Early Childhood® Scholarship Project? Yes No

III. EMPLOYMENT INFORMATION

- A. Program name: _____
(If you work at a Head Start or multi-site child care program, be specific as to which site.)
- B. Program address: _____
Street

City State Zip Code
- C. DCD facility license number: _____ D. Program email address: _____
- E. Program phone: (____) _____ F. Program fax: (____) _____
- G. Your employment position: Family Child Care Provider Director
 Assistant Teacher/Aide Owner/Director
 Teacher/Lead Teacher Assistant Director
 Floater Other _____
- H. Do you teach in a classroom that receives funding from (check all that apply):
 More at Four Part C: Infant-Toddler/CDSA Title I None of the above
 Head Start Part B: Preschool Disabilities Program Don't know
- I. Ages of the children in your classroom or family child care home (check all that apply):
 Infants Threes Schoolage (Kindergarten – 3rd grade)
 Ones Fours Schoolage (4th grade and above)
 Twos Fives Other _____
- J. Date you began working at this program: _____
Month/Day/Year
- K. Months per year your program is in operation: 12 months 10 months Other _____
- L. Months per year you work in your program: 12 months 10 months Other _____
- M. How many hours per week do you work in your program? _____
- N. Employment status: Full-time, permanent Other _____
- O. What is your current salary before deductions?
\$ _____ (check one): hourly semi-monthly (2 times a month)
 weekly monthly (10 months)
 biweekly (every 2 weeks) monthly (12 months)

IV. STATEMENT OF AFFIRMATION

I, _____ (applicant's name), attest that the information appearing on this application and the supporting documentation is true to the best of my knowledge.

Applicant's Signature

Date

SEND THIS COMPLETED APPLICATION & REQUIRED DOCUMENTATION TO:

**CHILD CARE WAGES® PROJECT
CHILD CARE SERVICES ASSOCIATION
P.O. BOX 901, CHAPEL HILL, NC 27514
Phone: (919) 967-3272 Fax: (919) 967-2945
www.childcareservices.org**

Ownership Status Form

All applicants, please mark the box of the ownership category which best reflects your current situation and follow the instructions listed for the category you choose. Income from ownership and wages will be considered to determine eligibility. After reading and selecting the appropriate description, please sign the statement below verifying the accuracy of this information.

- No Ownership:** I am employed by my child care program. I do not own any child care facility.
*If you are not an owner, please supply documentation of your pay rate such as a **pay stub or employer wage statement to verify income.***
- Single Family Child Care Home:** I own my child care home and work as teacher/operator. I do not own any other child care facility or home.
*If you are the owner of one child care home, verify your income by completing the **Family Child Care Provider Income Worksheet.***
Date you became owner: _____
- Single Small Child Care Center (Licensed for Fewer than 13 Children):** I own my child care center and work as director/teacher. I do not own any other child care facility.
*If you are the owner of a small child care center, verify your income by completing the **Family Child Care Provider Income Worksheet.***
Date you became owner: _____
- Single Child Care Center (Licensed for Fewer than 30 Children):** I own my child care center and work as director/teacher. I do not own any other child care facility.
*If you are the owner of one child care center (serving less than 30 children), please supply your most recent **1040 Form, all supporting schedules and the W2 Form (if you file jointly, the W2 Forms from both parties must be submitted).** Additional business tax documentation may be requested if necessary.*
Date you became owner: _____
- Single Child Care Center (Licensed for at Least 30 Children):** I own my child care center and work as director/teacher. I do not own any other child care facility.
*If you are the owner of one child care center (serving at least 30 children), please supply your most recent **1040 Form, all supporting schedules and the W2 Form (if you file jointly, the W2 Forms from both parties must be submitted).** Additional business tax documentation may be requested if necessary.*
Date you became owner: _____
- Multiple Ownership:** I own more than one child care center or home. Below I have listed the child care places with which I am affiliated.
- | Home/Center Name | Home or Center? | Date you became owner |
|------------------|-----------------|-----------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

*If you are the owner of one child care center, please supply your most recent **1040 Form, all supporting schedules and the W2 Form (if you file jointly, the W2 Forms from both parties must be submitted).** Additional business tax documentation may be requested if necessary.*

If the description you selected best explains your situation but is not entirely accurate, please write any additional information here: _____

I attest to the fact that the above information is true and accurate.

Signature: _____ Date: _____

Name Printed: _____ County Where You Work: _____

