



Smart Start of Brunswick County
Child Care Resource & Referral
**PROVIDER EDUCATION INCENTIVE
APPLICATION FY 2009-2010**

A. IDENTIFYING INFORMATION

Full Name _____

Social Security # _____ Email Address _____

Mailing Address _____

City, State, Zip Code _____

Home Phone _____

Race: African American _____ Caucasian _____ Hispanic _____ Other _____

** This question is optional. It is purely for statistical reporting purposes.

B. EMPLOYMENT INFORMATION

Name of Child Care Program _____

Mailing Address _____

City, State, Zip Code _____

Name of Director _____

Phone Number _____ Fax Number _____

Current Star Rating Temp ___ 1 Star ___ 2 Star ___
3 Star ___ 4 Star ___ 5 Star ___

Current Position/Title:

___ Director ___ Assistant Director ___ Lead Teacher ___ Assistant Teacher

___ Floater ___ Family Child Care Provider ___ Other (Specify) _____

Current Age of Children in Care: (Check all that apply)

___ Infants ___ One year olds ___ Two year olds ___ Three Year olds

___ Four & Five Year olds ___ All Ages (0-5 yrs.) ___ Ages School Age Only

*****How many hours per week do you work in child care? _____



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C. EDUCATION INFORMATION

Are you currently participating in the T.E.A.C.H. program offered by Child Care Services Association?

Yes No

Have you ever participated in the T.E.A.C.H. program offered by Child Care Services Association?

Yes No

If so, why did you choose to no longer use the program?

Are you currently participating in the WAGE\$ program offered by Child Care Services Association?

Yes No

If no, why not?

Need additional information Not interested in a salary supplement

Other (specify) _____

In which college are you currently enrolled as a student? _____

Have you taken classes at another college within the last year?

Yes No

If so, which one? _____

Which program of study/degree are you currently working toward?

What are your educational plans for the future? (Check all that may apply)

- Take additional Early Childhood Education (ECE) classes
- Earn an AAS degree in Early Childhood Education (ECE)
- Work toward a BA/BS degree in Early Childhood Education
- Work toward a BA/BS degree in another field
- Obtain a B-K add on to another degree



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Other (Please specify) _____

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D. STATEMENT OF UNDERSTANDING

I, _____, by my signature below, state that I understand that I am responsible for any applicable taxes associated with the NON-T.E.A.C.H. EMPLOYEE/TEACHER EDUCATION BONUS as a result of my participation in this Brunswick County Partnership for Children project.

Applicant's Signature

Date

E. STATEMENT OF AFFIRMATION

Under penalty of perjury, I, _____, attest that the information appearing in this application and supporting documentation is true to the best of my knowledge.

Applicant's Signature

Date

F. CHECK STUB/TIMESHEET

I need a copy of your check stubs/time sheet for a month stating that you work at least 30 hours a week.