

Intent to Participate

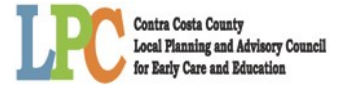
California Transitional Kindergarten Stipend Incentive Program is funded by the California Department of Education

Participant Information

Last Name		First Name		Middle Initial
Home Address				
City		State	Zip Code	
Mailing Address (If different)				
City		State	Zip Code	
Home Phone Number (Include area code)			Cell Phone Number (Include area code)	
E-mail address (required):				

Employment Information

School District/Employer				
School Site			Principal/Director Name	
School Site - Address			School Site - City	
School Site - State	School Site - Zip Code		School Site - Phone Number	
What classroom type do you work in (Select one)				
<input type="checkbox"/> Transitional Kindergarten or TK/K Combo (MUST work directly with at least one TK Student)		<input type="checkbox"/> CA State Preschool Program (MUST work directly with Preschool Aged (CSPP) Children at least 15 hours per week)		
Employment Start Date		Number of hours worked per week directly with children as a teacher?		
_____ / _____ / _____		_____ hrs		
If you work in a CSPP Center or School-Based ECE Program , what is your primary position? (Select one)				
<input type="checkbox"/> Assistant Teacher / Teacher Aide <input type="checkbox"/> Teacher / Lead Teacher <input type="checkbox"/> Teacher / Director <input type="checkbox"/> Specialized Teaching Staff (e.g.: Special Education Teacher, Supervising Master Teacher) <input type="checkbox"/> Professional Support Staff (e.g.: Curriculum Specialist, Mental Health Consultant)		<input type="checkbox"/> Site Supervisor <input type="checkbox"/> Assistant Director <input type="checkbox"/> Director – Single Site		<input type="checkbox"/> Director – Multi-site <input type="checkbox"/> Executive Director <input type="checkbox"/> Other
If you work in a FCCHEN Family Child Care Home , what is your primary position? (Select One)				
<input type="checkbox"/> Owner/Operator		<input type="checkbox"/> Assistant		<input type="checkbox"/> Other



Formal Education and Professional Credentials

What is the highest level of education that you have completed?

- | | |
|--|------------------------|
| <input type="checkbox"/> Some College | Units Completed? _____ |
| <input type="checkbox"/> AA in non-ECE/CD | Year Completed? _____ |
| <input type="checkbox"/> AA in ECE/CD | Year Completed? _____ |
| <input type="checkbox"/> BA in non-ECE/CD | Year Completed? _____ |
| <input type="checkbox"/> BA in ECE/CD | Year Completed? _____ |
| <input type="checkbox"/> Graduate degree in non-ECE/CD | Year Completed? _____ |
| <input type="checkbox"/> Graduate degree in ECE/CD | Year Completed? _____ |

If you received a BA or higher, did you receive the degree in a foreign country? Yes No What Country? _____

Do you have a California teaching credential? Yes No If No, what is the issuing state of your credential? _____
If from California what type/s? **Check all that apply.**

- | | |
|--|--|
| <input type="checkbox"/> Single Subject | <input type="checkbox"/> Clinical/Rehabilitative |
| <input type="checkbox"/> Multiple Subject | <input type="checkbox"/> School Nurse Services |
| <input type="checkbox"/> Education Specialist (Disabilities and Other Special Needs) | <input type="checkbox"/> Library Media Services |
| <input type="checkbox"/> Early Childhood Special Education | <input type="checkbox"/> Other Health Services |
| <input type="checkbox"/> Reading Specialist | <input type="checkbox"/> Bilingual Specialist |
| <input type="checkbox"/> Administrative | <input type="checkbox"/> Reading Certificate |
| <input type="checkbox"/> Pupil Personnel Services | <input type="checkbox"/> Other |

Date of Expiration: ____/____/____

Please indicate the Child Development Permit you currently hold:

Date Permit Acquired: ____/____/____ Date Permit Expires: ____/____/____

- | | |
|---|---|
| <input type="checkbox"/> Do not have a permit | <input type="checkbox"/> Master Teacher |
| <input type="checkbox"/> Assistant | <input type="checkbox"/> Site Supervisor |
| <input type="checkbox"/> Associate Teacher | <input type="checkbox"/> Program Director |
| <input type="checkbox"/> Teacher | |

Are you currently participating in the Contra Costa County Professional Development Program (PDP)?

- Yes No

PARTICIPANT VERIFICATION

I declare under penalty of perjury that the information and documentation I have provided in the application is true and correct to the best of my knowledge. I understand that I may be requested to provide further documentation for approval of any reimbursement requests I may submit. I understand that falsification of information and documentation may result in returning all monies to the Contra Costa County Transitional Kindergarten Stipend Project operated by the CCCOE/Local Planning and Advisory Council for Early Care and Education and would possibly disqualify me from applying for any future reimbursements from the Contra Costa County Transitional Kindergarten Stipend Project. I understand that I will be responsible for reporting and paying any personal income taxes due.

Printed Name of Participant

Date

Participant Signature