



# 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 <b>(MUST work directly with at least one TK Student)</b>		<input type="checkbox"/> CA State Preschool Program <b>(MUST work directly with Preschool Aged (CSPP) Children at least 15 hours per week)</b>		
Employment Start Date		Number of hours worked per week directly with children as a teacher?		
____/____/____		_____ hrs		
If you work in a <b>CSPP Center or School-Based ECE Program</b> , 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 <b>FCCHEN Family Child Care Home</b> , what is your primary position? (Select One)				
<input type="checkbox"/> Owner/Operator		<input type="checkbox"/> Assistant		<input type="checkbox"/> Other

