





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)		I.	Cell Phone Number (Include area code)					
E-mail address (required):				•				
Employment Informatio	n							
School District/Employer								
School Site		Principal/Directo		or Name				
School Site - Address School Site -					School Site - City			
School Site - State	School Site - Zip	Code			School Site - Phone Number			
What classroom type do you w	ork in (Select one)							
☐ Transitional Kindergarten or TK/K Combo ☐ CA State Preschool Program								
(MUST work directly with at least one TK Student) (MUST work directly with Preschool Aged (CSPP) Children at least 15 hours per week)								
				·	omaron actioned to nonre per weekly			
Employment Start Date Number of hours worked per week directly with children as a teacher?								
	/ /					hrs		
If you work in a CSPP Cent	er or School-Bas	sed ECE Prog	ram, wh	at is your prima	ary position? (Select one)			
☐ Assistant Teacher / Teacher Aide ☐ Site Supervisor ☐ Director — Multi-site								
□ Teacher / Lead Teacher □ Assistant Director					☐ Executive Director			
☐ Teacher / Director ☐ Director ☐ Director ☐ Other ☐ Other								
□ Specialized Teaching Staff (e.g.: Special Education Teacher, Supervising Master Teacher)								
□ Professional Support Staff (e.g.: Curriculum Specialist, Mental Health Consultant								
If you work in a FCCHEN Fa	mily Child Care	Home, what is	your pri	mary position?	(Select One)			
☐ Owner/Operator		☐ Assistant			Other:			
ы Owner/Operator		⊔ Assistant			☐ Other			



Participant Signature





Formal Education and Professional Credentials

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What is the highest level of education that	at you have completed?						
☐ Some College	Units Completed?						
☐ AA in non-ECE/CD							
☐ AA in ECE/CD	·						
☐ BA in non-ECE/CD	Year Completed?						
☐ BA in ECE/CD	Year Completed?						
☐ Graduate degree in non-ECE/CD	Year Completed?						
☐ Graduate degree in ECE/CD	Year Completed?						
If you received a BA or higher, did you re	eceive the degree in a fore	eign country?	□ No	What Country?			
Do you have a California teaching creder If from California what type/s? Check all		lo, what is the issuing st	ate of you	ır credential?			
☐ Single Subject		☐ Clinical/Rehabilitat	tive				
☐ Multiple Subject ☐ School Nurse Services							
☐ Education Specialist (Disabilities and Other Special Needs ☐ Library Media Services							
☐ Early Childhood Special Education ☐ Other Health Services ☐ Bilingual Specialist ☐ Bilingual Specialist							
☐ Administrative ☐ Reading Certificate							
☐ Pupil Personnel Services		☐ Other					
Date of Expiration://							
Please indicate the Child Development P	ermit you currently hold:						
Date Permit Acquired://	Date Permit Exp	pires:/					
☐ Do not have a permit		☐ Master Teacher					
☐ Assistant	☐ Site Supervisor						
☐ Associate Teacher ☐ Teacher	☐ Program Director						
La reactier							
Are you currently participating in the Con	tra Costa County Profession	onal Development Progra	m (PDP)?)			
□ Yes □ No							
PARTICIPANT VERIFICATION							
I declare under penalty of perjury that t	he information and door	mentation I have provi	ded in th	annication is true and correct to			
the best of my knowledge. I understand to requests I may submit. I understand that Costa County Transitional Kindergarten Care and Education and would possibly Transitional Kindergarten Stipend Project.	that I may be requested falsification of information Stipend Project operated disqualify me from app	to provide further docun and documentation mand by the CCCOE/Lo blying for any future rein	imentation ay result ocal Plani mbursem	n for approval of any reimbursement in returning all monies to the Contra ning and Advisory Council for Early ents from the Contra Costa County			
Printed Name of Participant		Date					
·							