

Child Care WAGE\$® Project Application

County of employment: _____ Social Security number: _____

I. GENERAL INFORMATION

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

C. Legal name: _____

D. Mailing address: _____
First Middle Last

E. Home phone: (____) _____
Street City State Zip Code

F. Cell phone: (____) _____

G. Email address: _____

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

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

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

II. EDUCATIONAL BACKGROUND

A. Indicate each level of education you have completed (check all that apply):

	College	Year Awarded
<u>Licenses (check all that apply)</u>		
<input type="checkbox"/> N.C. Birth-Kindergarten License	_____	_____
<input type="checkbox"/> Preschool Add-On License	_____	_____
<input type="checkbox"/> License Other _____	_____	_____
<u>Degrees (check all that apply)</u>		
<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 _____	_____	_____
<u>Diplomas, Certificates & Credentials (check all that apply)</u>		
<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. DCDEE 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):
 NC Pre K Part C: Infant-Toddler/CDSA Title I None of the above
 Head Start Part B: Preschool Disabilities Program I don't know

I. Ages of the children in your classroom or family child care home (check all that apply):
 Infants Threes School-age (Kindergarten – 3rd grade)
 Ones Fours School-age (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. How many hours per week do you work with children ages birth to five? _____

O. What is your current salary before deductions?
\$ _____ (check one): hourly semi-monthly (two times a month)
 weekly monthly (10 months)
 biweekly (every two weeks) monthly (12 months)

Child Care WAGE\$® Project Application Check List

EACH OF THE FOLLOWING ITEMS IS REQUIRED TO PROCESS YOUR APPLICATION. CHECK OFF EACH ITEM AS IT APPLIES:

- Complete application (All questions must be answered)
- Official transcripts (See details below)
 - Official transcripts are already on file with WAGE\$ and no additional education has been completed
 - Official transcripts are on file with Early Educator Certification
 - Transcripts are enclosed
 - Transcripts are being sent directly from college(s)

List colleges sending transcripts*: _____

**You will be processed based on the education submitted. If you do not indicate the colleges sending transcripts, you may be awarded at the wrong level. Remember you must ask the college to send us your transcripts.*

- Income verification (see page 4 for details: choose one)
 - Income worksheet if home provider
 - Current pay stub that accurately reflects normal schedule if employee
 - Most recent tax documentation if you are center owner (1040 and all supporting documents see page 4 for details)
- Self-addressed stamped postcard (*if you would like notification that your application has been received, otherwise this is not required*)

Education documentation requirements: Supplements are based on the education documents submitted with your application. Be sure to include **official transcripts** for ALL college coursework completed at a regionally accredited college or university. Copies of degrees and unofficial transcripts are not accepted. Internet transcripts cannot be accepted unless obtained by the WAGE\$ staff. Workshops and training hours are not acceptable documentation.

Commitment periods run mid-month to mid-month. You may apply at ANY TIME, but applications MUST be postmarked by the first of any month to be processed for that month. All payments depend upon funding availability.

Send your completed application and required documentation to:

**CHILD CARE WAGE\$® PROJECT
CHILD CARE SERVICES ASSOCIATION
P.O. BOX 901, CHAPEL HILL, NC 27514
Phone: (919) 967-3272 Fax: (919) 967-2945**

Applicant: Please have the owner, director or person authorized to provide employment verification complete the following questions. A signature confirming the information's validity is required.

Initial Employment Verification

Employee/applicant name: _____ Child care program name: _____

Program email address: _____

License #: _____ Star Rating: _____ Date became 3 star or higher: _____

Position of employment: _____
(If the applicant fulfills duties of more than one position, please specify this.)

Ages of the children in the care of this employee (if applicable): _____

Hours worked per week: _____
(If the applicant fulfills duties of more than one position, please state how many hours are worked in each.)

Current hourly rate: _____ Employee's start date: _____

I am authorized to provide employment verification; the information provided on this form is true and accurate to the best of my knowledge:

Signature of authorized personnel

Printed Name

Position

Date

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 and the consequences of misinformation.

- 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 per shift):** I own my child care center and work as director/teacher or I am listed as an office holder of the incorporated business and work as director/teacher. I do not own or hold an office in 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 in each shift and licensed for no more than 40 children across all shifts):** I own my child care center and work as director/teacher or I am listed as an office holder of the incorporated business and work as director/teacher. I do not own or hold an office in 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 Tax 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 more than 30 children in one shift or licensed for more than 40 children across all shifts):** I own my child care center and work as director/teacher or I am listed as an office holder of the incorporated business and work as director/teacher. I do not own or hold an office in any other child care facility.
Unfortunately, you do not meet the eligibility requirements of the program at this time.

If you own multiple sites or if the description you selected is not entirely accurate, please write any additional information here:

STATEMENT OF AFFIRMATION

I, _____ (applicant's name), attest that the information provided on this application and the supporting documentation is true to the best of my knowledge. I understand that falsifying application information or documentation or the failure to comply with documentation requirements may result in the inability to be a participant on this program. I consent that my employer and the program funder may be notified if my participation is terminated due to my failure to comply with documentation requirements. If for any reason salary supplement money is issued incorrectly, I acknowledge that I will be required to reimburse the Child Care WAGE\$® Project for the supplement received in error.

To be considered for a WAGE\$ supplement, I understand that my name, address, education level, supplement amount, employer name and employer address may be released to funders of the program or their designees. Information may also be shared with the T.E.A.C.H. Early Childhood® Scholarship Project and/or Early Educator Certification as needed to support my participation in any of the programs listed. I authorize and consent to the release and sharing of such information by Child Care Services Association to the third parties described. I hereby release Child Care Services Association from any liability or damages that may result from the release or sharing of such information, including possible inaccuracies, errors or omissions.

Signature: _____ Date: _____

Printed Name: _____ County where you work: _____

