



PROVIDER REGISTRATION FORM (2/2010)

Use this form to acquire a STARS identification number for the first time.
All information will remain confidential. You have access to your information with your STARS ID and password, issued once you are active in the system. This form can also be use to update information at any time in your career.
(Sections with red headings are required to gain an identification number.)

Date of Application: _____

General Information: *(Please check one)* _____ First time application _____ Change of information

Name: _____ Date of Birth: _____

(Use given name as it appears on your work records. First, Middle, Last)

If you worked in child care before but had a different last name list that name: _____

Home Mailing Address: _____

City: _____ State: _____ Zip: _____ County: _____

Home Phone: _____ Email: _____

(The system is going green and will communicate with you via email.)

General Demographics

Sex: Female Male

Ethnicity: American Indian or Alaska Native Asian Black or African American
 Native Hawaiian or Other Pacific Islander White *(If more than one, check all that apply.)*

Also tell us if you are: Hispanic or Latino Not Hispanic or Latino

Is your first language English? Yes No If **no** then list your native language: _____

(Example: Spanish)

Educational Information:

High School Diploma or GED

CDA (specify type) _____ CDA Advisor (Supply copy of letter.)

Date of Issue _____ Initial _____ Renewal (Supply copy of certificate.)

AA/AAS Degree in _____ BA/BS Degree in _____

Master's Degree in _____ Doctorate Degree in _____

(Supply copy of college transcript.)

Employment Information:

Name of child care facility in which you are employed: _____

Business Mailing Address: _____

City: _____ State: _____ Zip: _____ County: _____

Business Phone: _____ Fax: _____

What is your position at your facility?

General Care Provider Teaching Assistant Teacher Home Provider Center Director

Other (specify) _____

If you worked in child care previously who was your last employer: _____

Employment Data:

What is your current wage? \$ _____ /hour

List employment benefits (Life Insurance, Health insurance, Sick leave, Vacation): _____

What kind of setting do you work in?

Family Home Child Care Family Child Care Center Head Start Child Care Center Preschool

Developmental Child Care Center

If you hold a CDA, AA or other degree, please provide a copy of your certificate or degree to support your educational qualifications. If you hold a specialized license (teaching or nursing for example) supply a copy of your license. (Note: If you plan to become an instructor in the STARS system and hold a college degree, you will be asked to supply a copy of your college transcript to support your qualifications at the time you apply to become an instructor.)

By my signature, I certify that this information is true. _____

STARS Applicant Signature

Date