

Staff Information Form

Please complete one for EACH staff member

Today's Date: _____
Name: _____
Birth Year: _____
Email Address: _____

Center Name: _____
Classroom: _____
Ages of children in classroom: _____
(If Director, list center age range ex. 0-12 yrs)
of Children in classroom: _____
(If Director, list enrollment #)

BPFC Mailing List:

- Yes, please sign me up to receive emails about upcoming training & professional development.
 No thanks! I'm either already on it or am not interested in being added to it.

Language spoken at home: _____

Gender:

- Female Male Decline to Answer

When did you start working at this center? (MM/DD/YYYY or approximate): _____

Race/Ethnicity:

- Black/African American White/European American Hispanic/LatinX Native American
 Asian Multi-Racial Other Decline to Answer

I am currently participating in:

- TEACH
 WAGES

Education: (Check all that apply)

- ECE Credentials (EDU 119)
 Associate Degree in ECE
 Bachelor's Degree in ECE
 Birth-Kindergarten (BK) Degree
 Other Bachelor's Degree
 Higher than Bachelor's Degree
 BK Licensure
 Other _____

Position:

- Lead Teacher
 Assistant Teacher
 Director
 Assistant Director
 Floater/Support Staff
 Co-Teacher
 Educational Support Person
 Family Child Care Home Provider
 Other (please explain): _____

