

Child Care WAGES® FLORIDA Application

1. SS# _____ County of Employment _____

2. First Name _____ Last Name _____

3. Mailing Address _____

City/State _____ Zip _____ County of Residence _____

4. Phone: Home (____) _____ E-Mail _____

5. Sex: Male Female Date of Birth ____/____/____ *(Miami Only)*

6. Race: Black/African American Asian American/Pacific Islander Black/Haitian
 White/European American Hispanic American/Latino
 American Indian Biracial Other: _____

7. Have you previously applied to the Child Care WAGES® Project? Yes No

8. Do you have a high school diploma? Yes No

9. Education level completed:

(If no formal education credential received, list credit hours taken).

	Year Awarded	Submitted to Registry
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- | | | |
|---|-------|--------------------------|
| <input type="checkbox"/> BA/BS Early Childhood Ed/Child Development | _____ | <input type="checkbox"/> |
| <input type="checkbox"/> BA/BS Other: _____ | _____ | <input type="checkbox"/> |
| <input type="checkbox"/> AAS Early Childhood Ed/Child Development | _____ | <input type="checkbox"/> |
| <input type="checkbox"/> AAS Other: _____ | _____ | <input type="checkbox"/> |
| <input type="checkbox"/> National Child Development Associate Credential | _____ | <input type="checkbox"/> |
| <input type="checkbox"/> Florida Staff Credential <i>(formerly known as the CDA-E)</i> | _____ | <input type="checkbox"/> |
| <input type="checkbox"/> _____ credit hours completed in Early Childhood Ed/Child Development | | |
| <input type="checkbox"/> Other: _____ | | |

10. Colleges Attended	List all years attended	City, State
_____	_____	_____
_____	_____	_____
_____	_____	_____

11. Are you currently enrolled in early childhood coursework at a community college, college or university? Yes No If yes, name of college _____

12. Do you currently have a T.E.A.C.H. Early Childhood® Scholarship? Yes No

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13. Child care program name _____

(If you work at a Head Start or multi-site child care program be specific as to which site.)

License # _____ Director/owner _____

14. Child care program address _____

City/State _____ Zip _____ County _____

15. Child care program e-mail address _____

16. Child care program telephone: () _____ Fax: () _____

17. Months per year your child care program is open 12 months 10 months Other _____

18. Your employment position (**Must spend at least 10 hours per week in the classroom.*)

Teacher Assistant Teacher Family Child Care Provider Director*

Assistant Director* Owner/Director* Other _____

19. Employment status Full-time, permanent Other _____

20. Ages of children in your care (*Check all that apply.*)

Infants Ones Twos Threes Fours and Fives School-age

21. Date you began working at this program ____ / ____ / ____ (*Month/Day/Year*)

(Please use the date your home became licensed if you are a family child care provider.)

22. Current salary or hourly pay rate: Per year: \$ _____ Per hour: \$ _____

(Hourly rate for family child care providers is calculated using accompanying worksheet)

23. How many hours do you work in the classroom? Per year: _____ Per week: _____

I, _____ (*Applicant's Name, please print*), attest that the information contained in this application and the supporting documentation is true to the best of my knowledge. I understand that if the information I supplied in this application is found to be fraudulent my participation in this program will be terminated.

Applicant's Signature

Date

SEND THIS COMPLETED APPLICATION & REQUIRED DOCUMENTATION TO:



Child Care **WAGES® FLORIDA Project**

CHILDREN'S FORUM

2807 Remington Green Circle, Tallahassee, Florida 32308

www.thechildrensforum.com • (850) 681-7002

For program requirements, please see WAGE\$ brochure.

Child Care WAGES® FLORIDA Check List

We will be unable to process your application if ANY of the required documentation is missing or if any questions on the application are left unanswered. Please return this entire form.

Have you included each of the following items REQUIRED to process your application?

1. Complete Application *(All questions must be answered)* Yes No
2. Signed employment verification Yes No
(See below; person authorized to provide employment verification must complete and sign.)
3. Signed ownership form *(See back)* Yes No
4. Education documentation *(See below-in-service hours do not need to be included)* Yes No
5. Income worksheet *(Family Child Care Providers and Small Facility Owners only)* Yes No
6. Income verification *(See below)* Yes No
7. Copy of most recent pay stub Yes No
8. Most recent tax documentation for self *(Center owners only)* Yes No
 - 1040
 - W2-If you file jointly, W2 forms from both parties must be submitted
 - All supporting schedules**Additional business tax documentation may be requested.*

Commitment periods run mid-month to mid-month. You may apply at any time, but applications must be post-marked by the first of any month to be processed for that month. All payments depend on funding availability.

Education Documentation

The following forms of verification are acceptable and must include the college name and applicant's name and/or social security number: **a copy of your degree, certificate or credential; a copy of the transcript** from the college where your most advanced education level was achieved. If your degree is in a field related to early childhood, we encourage you to send complete transcripts. In order to be awarded at a Bachelor's level in Early Childhood Education or Child Development a copy of your complete transcript is required.
(Transcripts may be requested in all cases if additional information is needed.)

Income Verification

The following forms of verification are acceptable: a copy of your most recent pay stub or pay statement that accurately reflects your regular work schedule, the place where you work, and your name. Home providers should submit the income worksheet as pay verification; small facility owners may submit this income worksheet or their tax documentation. Center owners should submit tax documentation.

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

Employee/Applicant name _____ County _____

Child Care program name _____ License # _____

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

Ages of the children in the care of this employee:

- Infants Ones Twos Threes Fours and Fives School-age

Hours worked per week _____

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

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.

Printed Name

Signed 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.

- Teacher Only/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**.*
- Single Small Child Care Center (Serving Fewer than 13 Children):** I own my child care center and work as director/teacher. I do not own any other child care facility. *If you are the owner of one child care home, verify your income by completing the **Family Child Care Provider Income Worksheet**.*
- Single Child Care Center (Serving Fewer than 30 Children):** I own my child care center and work as director/teacher. I do not own 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 Form, all supporting schedules and the W2 Form (if you file jointly, the W2 Form from both parties must be submitted)**. Additional business tax documentation may be requested if necessary.*
- Single Child Care Center (Serving at least 30 Children):** I own my child care center and work as director/teacher. I do not own any other child care facility. *If you are the owner of one child care center (serving at least 30 children), please supply your most recent **1040 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.*
- Multiple Ownership:** I own more than one child care center or home. Below I have listed the child care places with which I am affiliated.

Home/Center Name

My Role (owner, teacher, director)

	<input type="checkbox"/> Home <input type="checkbox"/> Center	
	<input type="checkbox"/> Home <input type="checkbox"/> Center	
	<input type="checkbox"/> Home <input type="checkbox"/> Center	

*If you are the owner of one child care center, please supply your most recent **1040 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.*

If the description you selected best explains your situation but is not entirely accurate, please write any additional information here:

I attest to the fact that the above information is true and accurate.

Signature: _____ Date: _____

Name Printed: _____ County (where you work): _____