# PROFESSIONAL DEVELOPMENT / PROGRAM IMPROVEMENT FUND

## PARTICIPANT FORM (July 2009 – June 2010)

## Child Care Resource Service

- TO BE COMPLETED BY EACH INDIVIDUAL WHO ATTENDS AN ON-SITE IN-SERVICE/TRAINING EVENT.
- PLEASE MAKE COPIES AS NEEDED.
- Please refer to Professional Development/Program Improvement Guidelines & Requirements, Page 3, #3, for assistance in completing this application. Type or print using black ink.

## STEP 1: Event Information

<table>
<thead>
<tr>
<th>Sponsoring Center or Association:</th>
<th>Date of Event:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Topic Title:</td>
<td></td>
</tr>
<tr>
<td>How many hours of training did you receive?</td>
<td>Type of Credit:</td>
</tr>
</tbody>
</table>

## STEP 2: Personal Information (home contact information)

<table>
<thead>
<tr>
<th>Applicant First Name:</th>
<th>Applicant Last Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicant Street Address:</td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td>State:</td>
</tr>
<tr>
<td>County:</td>
<td>Phone Number: ( )</td>
</tr>
</tbody>
</table>

**Role:**
- [ ] Center Director
- [ ] Center Teacher
- [ ] Center Assistant Teacher
- [ ] Family Child Care Owner
- [ ] Family Child Care Staff
- [ ] Other: __________

**What are the ages of children YOU currently work with directly?** (check all that apply):

- [ ] Infants (6 wks. – 14 mos.)
- [ ] Toddlers (15-23 mos.)
- [ ] Twos (24-35 mos.)
- [ ] Pre School (36-59 mos.)
- [ ] School Age (60 mos. – 12 yrs.)
- [ ] None (for program staff who do not directly work with children)

**I have requested Professional Development funds to:** (check all that apply)

- [ ] Implement better practices
- [ ] Meet DCFS training requirements
- [ ] Obtain qualifications for a new position
- [ ] Obtain a credential (new or renewal)
- [ ] Earn college coursework credit
- [ ] Increase my level to receive a Great START bonus
- [ ] Meet accreditation standards
- [ ] Assess a program
- [ ] Other: ____________________________

## STEP 3: Program Information (please complete the following for your current place of employment or family child care business)

<table>
<thead>
<tr>
<th>Name of Business (if licensed, as appears on license):</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Business Mailing Address:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>City:</td>
<td>State:</td>
</tr>
<tr>
<td>County:</td>
<td>Phone Number: ( )</td>
</tr>
<tr>
<td>Fax Number: ( )</td>
<td></td>
</tr>
</tbody>
</table>

Revised: 8.21.2009
STEP 3: Program Information (continued)

What date did you begin employment at this site? Month: Date: Year:

Address Preference: ☐ Use applicant address ☐ Use program address

Email Address: ☐ Personal ☐ Program

Program Type: ☐ Center ☐ Family Child Care ☐ Group Family Child Care
☐ Head Start ☐ Preschool for All

Status: ☐ License-Exempt ☐ Licensed ☐

What is the total current enrollment in your program? ______

DCFS License Number

Complete the remainder of Step 3 ONLY if you are an association member:

Does the program you work for currently care for children whose care is paid for by the IDHS Child Care Assistance Program (subsidy) and/or DCFS?

☐ Yes ☐ No

STEP 4: Authorization

I have attended the On-Site In-Service/Training Event listed in Step 1. I certify that the above information is true and accurate, that I have not been indicated of child abuse and neglect and that my name is not listed on the child abuse tracking system.

________________________________________
Applicant Signature

Date

Revised: 8.21.2009