



OFFICE USE ONLY		
Hours	Experience	
Date Completed: _____		

DELAWARE FIRST PERSONNEL REGISTRY APPLICATION

The Personnel Registry is a database of your Early Care and Education training. Please update this form annually (along with licensing renewal materials, if applicable) and send to your specialist. All training must be accompanied by documentation of attendance. Be sure to include a copy of your current CPR and First Aid training. Please send **COPIES ONLY**. After your training has been reviewed, the information will be entered into the Personnel Registry database and a personalized transcript will be sent to you.

If you have any questions or need assistance in filling out the application, you may call the Delaware First office, 302-892-5800 or contact your licensing specialist, Dover office 739-5487 or Wilmington office 892-5800.

The information presented in this application is complete and accurate to the best of my knowledge. I give permission to Delaware First and Office of Child Care Licensing to share this training information with current or potential employers.

Signature

Date

PLEASE PRINT CLEARLY IN INK

Name: _____		
Last	First	MI
Social Security #: _____	Birth date: _____	
	Month	Day Year
Address: _____		
City: _____	County: _____	State: _____ Zip Code: _____
Home Phone: _____	Work Phone: _____	Fax: _____
Area Code	Area Code	If applicable
E-Mail address: _____		

Current Employment in Early Childhood		
Center/Home/Program Name: _____		
If different from above		
Address: _____		Phone: _____
City: _____	County: _____	State: _____ Zip Code: _____
Home Phone: _____	Work Phone: _____	Fax: _____
Area Code	Area Code	If applicable
Hire or Starting Date: _____		



The State of Delaware
The Department of Services for Children, Youth and Their Families
Office of Child Care Licensing
1825 Faulkland Road
Wilmington, DE 19805

Type of Facility: Please check only one

Family Child Care Home Large Family Child Care Home Center

Other (Please specify) _____

What is your current position?

Family Child Care Provider I Family Child Care Provider II Large Family Child Care

Intern Assistant Teacher Teacher Other (please specify) _____

What age group do you currently work with?

Mixed Ages Infants/Toddlers 3-5 Year Preschoolers Kindergarten School Ages 5-13

Not Assigned to Work Directly with Children

Total Work Experience in Early Care and Education field (Work you were compensated for (paid) to supervise children age 8 and under in a group setting)

Years _____ Months _____

EDUCATION INFORMATION

	Attended (✓)	Year Graduated	Major	Degree
High School				
GED				
2 Year College				
4 Year College				
Graduate School				
Other Certificate				

CERTIFICATION AND ACCREDITATION (list only if current)

CDA _____ Date _____ Area of Endorsement NAFCC _____ Date State Teaching Certification(ECE): _____

Vo-Tech ECE Certificate High School ECE Career Path

Apprenticeship certification: Child Care Development Specialist Early Childhood Associate

Early Care and Education Professional Activities

Member of Support Group (Name) _____ Committee/Board Member ECE organization

Member of DAEYC Member of NAEYC CDA Advisor ECE Mentor

NAFCC Accreditor NAFCC Mentor NAEYC Validator ECE conference presenter

Other (please specify) _____

