

# Form I

Required for Employment in  
Center-Based Programs



## Hawaii Department of Human Services Early Childhood Registry

**For Office Use Only:**

Received Date: \_\_\_\_\_

Position at GCC: \_\_\_\_\_

Position at IT: \_\_\_\_\_

Position at BAS: \_\_\_\_\_

Framework Level: \_\_\_\_\_

Completion Date: \_\_\_\_\_

Renewal Date: \_\_\_\_\_

Type of Application  
(check one):

- New to Registry  
 Renewal/Update  
 Replacement/Lost

Participation in the Registry is required by the Department of Human Services (DHS) for employment in state licensed center-based programs. The Registry assists DHS in confirming your education and training experience to determine the position(s) you qualify for under state child care licensing rules. Once your application is processed, you will receive a Registry Certificate and be eligible for employment. If you are updating, you may receive a new Registry Certificate if your qualifications have changed. **ORIGINAL applications only. NO faxed, copied, or emailed applications accepted.**

*Please print clearly*

| SECTION A: PERSONAL INFORMATION   |   |   |  |
|---|---|---|--|
|   |   | <input type="checkbox"/> No updates to this section | <input type="checkbox"/> Update this section   |
| * Legal Name: Last:   | First:  | MI:   | Caregiver ID:  |
| * Social Security No:   | * Birth Date:   |   | * Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female  |
| *Home Address:  |   |   | Unit No:   |
| *City:  | *State:   | *Zip:   |  |
| Mailing Address, if different:  |   |   | Unit No:   |
| City:   | State:  | Zip:  |  |
| Email Address (optional):   | Phone:  | Alt Phone:  |  |
| SECTION B: IF APPLICABLE, CURRENT EARLY CHILDHOOD RELATED EMPLOYMENT INFORMATION<br>(TO BE COMPLETED BY THE DIRECTOR)   |   |   |  |
|   |   | <input type="checkbox"/> No updates to this section | <input type="checkbox"/> Update this section <input type="checkbox"/> N/A                                      |
| Business Name:  |   | Site Name (if business has multiple sites):         |  |
| Site Mailing Address:   |   |   |  |
| City:   | State:  | Zip:  |  |
| Applicant's Current Position:   | <input type="checkbox"/> Full-time<br><input type="checkbox"/> Part-time @ _____ hours/week |   |  |
| Applicant's Date of Hire:<br>(MUST BE EMPLOYED)   | / /<br>(month / day / year)   | Facility Type:                                      | <input type="checkbox"/> Center based <input type="checkbox"/> Home based <input type="checkbox"/> School aged |
| Ages worked with: Check all applicable fields <input type="checkbox"/> Infants-Toddlers (6wk-35 mon) <input type="checkbox"/> Preschool (3-5 yrs) <input type="checkbox"/> FCCH <input type="checkbox"/> School aged (K—13 yrs.)            |   |   |  |
| Director's Name:  |   | Phone:  | Email:   |
| * <b>Initial all that has been completed.</b> Required in order to process Registry application.  |   |   |  |
| <input type="checkbox"/> All employment verification has been completed for this individual (including that listed in Section D of this application). This will be used to determine if the applicant meets the DHS experience requirement. |   |   |  |
| <input type="checkbox"/> Orientation training has been completed for this individual.   |   |   |  |
| * Director's signature:   |   |   | Date:  |
| <input type="checkbox"/> Center Director  |   | <input type="checkbox"/> School Principal           | <input type="checkbox"/> Human Resource Officer <input type="checkbox"/> Owner                                 |

\* REQUIRED INFORMATION

March 2017

**SECTION C: PREVIOUS EMPLOYMENT INFORMATION RELATED TO EARLY CHILDHOOD**

Employment will be verified, you must list the phone number

 No updates to this section Update this section

Business Name:

Position:

Complete Business Address and **phone**:

Avg. hours worked per week:

Date of Hire:        /        /

Date of Termination:        /        /

Type of Facility:    Home based         Center based         School agedAges worked with:    Infants-Toddlers (6wk—35 mon)    Preschool (3-5 yrs)    FCCH         School Aged (K—13 yrs.)

Business Name:

Position:

Complete Business Address and **phone**:

Avg. hours worked per week:

Date of Hire:        /        /

Date of Termination:        /        /

Type of Facility:    Home based         Center based         School agedAges worked with:    Infants-Toddlers (6wk —35 mon)    Preschool (3-5 yrs)    FCCH         School Aged (K—13 yrs.)

Business Name:

Position:

Complete Business Address and **phone**:

Avg. hours worked per week:

Date of Hire:        /        /

Date of Termination:        /        /

Type of Facility:    Home based         Center based         School agedAges worked with:    Infants-Toddlers (6wk —35 mon)    Preschool (3-5 yrs)    FCCH         School Aged (K—13 yrs.)**SECTION D: STUDENT TEACHING, INTERNSHIP, PRACTICUM, VOLUNTEER (RELATED EXPERIENCES)****DIRECT EXPERIENCE WORKING WITH CHILDREN** No updates to this section Update this section

School:

Date From:

Date To:

Position:

Type of Facility:    Home based         Center based School aged

Avg. number of hours per week:

Ages worked with:    Infants-Toddlers (6wk —35 mon)    Preschool (3-5 yrs)    Mixed Ages (6wk-5yrs)    School Aged (K—13 yrs.)

Job Duties:

**SECTION E: EDUCATION & CREDENTIALS** No updates to this section Update this section**\*INDICATE ALL LEVELS OF EDUCATION. DOCUMENTATION (DIPLOMAS, TRANSCRIPTS, & CREDENTIALS) IS REQUIRED TO COMPLETE APPLICATION. Send copies only, as all documents will be electronically stored and hard copies destroyed.**

|                   | Name of School/College/University * | Status  | Type of Degree Earned   | Date Awarded | Focus of Degree |
|-------------------|-------------------------------------|---|---|--------------|-----------------|
| High School       |                                     | <input type="checkbox"/> Currently enrolled<br><input type="checkbox"/> Completed | <input type="checkbox"/> Diploma<br><input type="checkbox"/> GED                          |              |                 |
| Community College |                                     | <input type="checkbox"/> Currently enrolled<br><input type="checkbox"/> Completed | <input type="checkbox"/> Certificate in ECE<br><input type="checkbox"/> Associates Degree |              |                 |
| University        |                                     | <input type="checkbox"/> Currently enrolled<br><input type="checkbox"/> Completed | <input type="checkbox"/> _____<br>Degree  |              |                 |
| University        |                                     | <input type="checkbox"/> Currently enrolled<br><input type="checkbox"/> Completed | <input type="checkbox"/> _____<br>Degree  |              |                 |

**If you have any of these additional credentials, please indicate below and submit documentation.** Vocational child care training course Child Development Associate Credential (CDA)    Renewal date: Association Montessori Internationale (AMI)

Award date:

 Montessori Associate Credential (MAC)

Award date:

# Application Checklist

\_\_\_ Copies of college transcript

**You must include documentation (i.e. college transcripts or workshop/class certificates).  
Transcripts must include:**

- \* **Applicant's Name**
- \* **College / University NAME and ADDRESS  
Course Date, Title, Credit(s) Earned, Grade**
- \* **Type of Degree earned, if applicable**

\_\_\_ Copies of workshop certificates

\_\_\_ Copies of other applicable credentials such as *CDA, NAFCCm Montessori, ECE certificate*

\_\_\_ Copies of documents (marriage, divorce, etc.) if updating name changes

**Send only copies of supporting documentation, as all documents will be electronically stored and hard copies destroyed.**

**Application must include Director's signature in Section B**

## \* FINAL SECTION

The information presented in this application is complete and accurate to the best of my knowledge. My signature testifies to the fact that there are no other changes to report as of the date signed below. **\*APPLICATION MUST HAVE ORIGINAL SIGNATURES**

\* **Signature:**

Date:



SEND COMPLETED APPLICATION AND  
ATTACHMENTS TO:  
PATCH  
ATTN: REGISTRY  
560 N. NIMITZ HWY, SUITE 218  
HONOLULU, HI 96817

SHOULD YOU NEED ADDITIONAL ASSISTANCE, PLEASE  
CONTACT US AT:  
PHONE: (808)839-1791  
Email: Registry @patch-hi.org  
Website: www.PatchHawaii.org

# Frequently Asked Questions

**Q: Is the Registry required?**

There are two parts to the registry. Form 1 helps DHS determine the position you qualify for under state child care licensing rules. Thus, in order to work in a center-based program such as a preschool or infant/toddler center, DHS requires you to complete Form 1.

**Q: What else does the Registry offer?**

A: The Registry also offers a voluntary component (Form 2) which guides you in your professional development. In addition, the Registry offers career counseling.

**Q: What will I get from the Registry?**

A: Once you complete Form 1, you will get a Registry certificate which will indicate the positions you qualify for under licensing rules. You will also receive Form 2 for the voluntary component discussed above.

It is up to you whether you want to complete this form to track your professional development.

**Q: Do I need to renew my Registry?**

A: It depends on your educational background and how you qualified for a DHS position. If you have a CDA credential or work in an infant/toddler center, you may have an expiration date. Check your Registry certificate for the expiration date.

You may also update your Registry file at any time to reflect additional classes or experiences you have received. A new Registry certificate may be issued to reflect the updated information.

You may use Form 1 to update your file. A new Registry certificate will be issued if you have a change in position.

**Q: Why do I need a current CDA on file?**

A: If the Registry used your CDA credential to qualify you for your position, you must have a current CDA credential on file with the Registry to maintain your current position.

**Q: Why does the Registry need your Social Security number?**

A: Social security numbers are required to verify educational qualifications. Your information will be treated as confidential.