



Smart Start of Forsyth County
7820 North Point Boulevard
Winston-Salem, NC 27106
Phone (336) 725-6011 Fax (336) 725-5438
www.smartstart-fc.org

(Office Use Only)

TAS # _____ Date _____
Entered in Resource Mate
Entered in Database

NEW MEMBERSHIP FORM

(please print in blue or black ink)

Name: _____
(Last) (First) (M.I. or Maiden)

Home Address: _____
(Street, Apt. #, Route) (City, State, Zip)

Mailing Address: _____
(Street, Apt. #, Route) (City, State, Zip)

Home/Cell Phone: _____ Email Address: _____ Date of Birth: ____/____/____

Last 4 digits of SSN: _____ Sex: [] Male [] Female Marital Status: [] Single [] Married [] Widowed [] Separated

Ethnicity: [] African American [] Caucasian [] Latino/Hispanic [] Asian [] Other (Please specify) _____

EDUCATION LEVEL (check all that apply and only if fully completed)

- [] High School/GED [] Child Development Associate (CDA)—national credentialing program
[] NC Early Childhood Credential I [] NC Early Childhood Administrative Credential I
[] NC Early Childhood Credential II [] NC Early Childhood Administrative Credential II
[] NC Early Childhood Certificate [] NC Early Childhood Administrative Certificate
[] NC Early Literacy Certificate [] NC Infant and Toddler Certificate
[] NC Special Education Certificate [] NC School Age Certificate

Degrees completed (please check all degrees you have completed and specify your major for each degree):

[] Associates _____ [] MA/MS _____
[] BA/BS _____ [] Ph.D _____

CURRENT EMPLOYMENT

Facility Name: _____ Capacity: _____
Street Address: _____
(Street, Apt. #, Route) (City, State, Zip)
Your Position: _____ Work Phone: _____ Facility Email Address: _____
Is this Facility a [] Center [] Home [] Other (Please Specify) _____

Current employment in a child care facility (if you are not employed in a child care facility, go to **OTHER EMPLOYMENT**)

Dates of employment at this facility: From: _____ To: _____ **No. of yrs. in child care field:** _____
(MM/YY) (MM/YY or Present)

Hourly wage/annual salary: _____ **Average no. of hours you work per week:** _____

No. of children you CAN have in your classroom (capacity) _____ **No. of teachers/assistants in your classroom:** _____

Age group of children you teach (Please choose only one):

- 0-1 1 1-2 2 2-3 3 3-4 4 4-5 5 mixed age (home/other) school age

OTHER EMPLOYMENT

Do you have other employment outside of child care? Yes No

If yes, please check one of the following: Full time Part time Seasonal

MISCELLANEOUS INFORMATION

Professional Memberships (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Piedmont Association for the Education of Young Children (PAEYC) | <input type="checkbox"/> NC Early Childhood Association (NCECA) |
| <input type="checkbox"/> NC Association for the Education of Young Children (NCAEYC) | <input type="checkbox"/> National Association for Family Child Care (NAFCC) |
| <input type="checkbox"/> National Association for the Education of Young Children (NAEYC) | <input type="checkbox"/> National Association for Child Care Professionals (NACCP) |
| <input type="checkbox"/> NC Child Care Coalition (NCCC) | <input type="checkbox"/> Other _____ |

Benefits (check all that apply):

- | | | | | | |
|----------------------------|------------------------------------|--|--|---|--------------------------------------|
| ◆ Health Insurance: | <input type="checkbox"/> Self-paid | <input type="checkbox"/> Employer paid | <input type="checkbox"/> Spouse's plan | <input type="checkbox"/> Medicaid/Medicare | <input type="checkbox"/> Not insured |
| ◆ Dental Insurance: | <input type="checkbox"/> Self-paid | <input type="checkbox"/> Employer paid | <input type="checkbox"/> Spouse's plan | <input type="checkbox"/> Medicaid/Medicare | <input type="checkbox"/> Not insured |
| ◆ Retirement Plan: | <input type="checkbox"/> Self-paid | <input type="checkbox"/> Employer paid | <input type="checkbox"/> Spouse's plan | <input type="checkbox"/> No retirement plan | |

Do you have any children of your own who are 18 years old or under? Yes No

If yes, how many children do you have in each of the following age groups?

No. of children 0-5: _____ No. of children 6-12: _____ No. of children 13-18: _____

Scholarships for your own children (check all that apply):

- | | | |
|--|--|--------------------------------------|
| <input type="checkbox"/> Employer paid | <input type="checkbox"/> Employer discounted rate | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Department of Social Services (DSS) | <input type="checkbox"/> Smart Start of Forsyth County | <input type="checkbox"/> None |

Do you speak any other language besides English: Yes No If yes, then what? _____

Household income range (check one of the following):

- \$0 – \$15,000 \$15,001 – \$25,000 \$25,001 – \$35,000 \$35,001 – \$50,000 \$50,001 – \$75,000 \$75,001 or higher

****Thank you for your cooperation. All information is confidential. ****