

# Early Care and Education - Training Records Information System Information Form

REV. 02/09

**PERSONAL INFORMATION**

BIRTHDATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ Last 4 digits of SS# \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ M.I.: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

**PERSONAL MAILING ADDRESS:** \_\_\_\_\_

COUNTY: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_@\_\_\_\_\_ (if applicable)

**EARLY CARE AND EDUCATION JOB TITLES:**

- Owner   
  Director   
  Assistant Director   
  Classroom Teacher/Aide/Asst.  
 Other: \_\_\_\_\_ (please specify)

GENDER:     Male     Female    ETHNICITY:     Hispanic/Latino     Non-Hispanic/Latino

RACE:     African American     Caucasian  
 American Indian or Alaskan Native     Native Hawaiian or Pacific Islander  
 Asian     Other \_\_\_\_\_ (please specify)

What is your Primary Language? \_\_\_\_\_ Secondary Language? \_\_\_\_\_  
 (Ex. English, Spanish, German, French, Chinese, Japanese, Korean, Arabic, Serbo-Croatian, Vietnamese, Sign Language)

Please check all of your current Credentials or Degrees

<input type="checkbox"/> Commonwealth Child Care Credential	<input type="checkbox"/> Associates Degree
<input type="checkbox"/> Child Development Associate	<input type="checkbox"/> Bachelors Degree
<input type="checkbox"/> Kentucky ECE Trainer's Credential	<input type="checkbox"/> Masters Degree
<input type="checkbox"/> Kentucky Director's Credential	<input type="checkbox"/> Doctorate Degree

Other: \_\_\_\_\_ (please specify)

**EMPLOYMENT INFORMATION**

EMPLOYER NAME: \_\_\_\_\_

*Please Circle:*

*Type I, Type II, Certified Home, Registered Provider, Head Start, Potential Provider, Training Agency or Organization*

EMPLOYER ADDRESS: \_\_\_\_\_ HIRE DATE: \_\_\_\_-\_\_\_\_-\_\_\_\_  
 (Month - Day - Year)

COUNTY: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ DIRECTOR: \_\_\_\_\_

If you are an KY ECE Credentialed Trainer, please complete the following sections:

Independent     Agency: \_\_\_\_\_ (If different than Employer above)

Level: \_\_\_\_\_ (1, 2, 3, 4, 5, or Specialty)    Specialty: \_\_\_\_\_  
 (Please specify area of expertise)

Credential Number: \_\_\_\_\_    Expiration Date: \_\_\_\_\_

Please check the Area Development District(s) in which you train;

- |  |  |   |  |  |                                |
|--|--|---|--|--|--------------------------------|
| <input type="checkbox"/> Barren River  | <input type="checkbox"/> Big Sandy         | <input type="checkbox"/> Bluegrass      | <input type="checkbox"/> Buffalo Trace | <input type="checkbox"/> Cumberland Valley | <input type="checkbox"/> FIVCO |
| <input type="checkbox"/> Gateway       | <input type="checkbox"/> Green River       | <input type="checkbox"/> Kentucky River | <input type="checkbox"/> KIPDA         | <input type="checkbox"/> Lake Cumberland   |                                |
| <input type="checkbox"/> Lincoln Trail | <input type="checkbox"/> Northern Kentucky | <input type="checkbox"/> Pennyriple     | <input type="checkbox"/> Purchase      |  |                                |

Please send completed form to: ECE-TRIS, University Training Consortium, Eastern Kentucky University, 521 Lancaster Ave., 229 Mattox Hall, Richmond, KY, 40475. Phone: (859)622-8811 or Toll Free (877)312-TRIS FAX: (859)622-6838.  
 Email: [ecetris@eku.edu](mailto:ecetris@eku.edu) Visit us on the web at: <https://tris.eku.edu/ece/>