

PROVIDER REGISTRATION FORM

Use this form to acquire a STARS identification number for the first time.

Because child care is a state licensed process, basic information on each child care facility is public information. STARS must provide the business name, owner name and address of any or all child care facilities when requested by any member of the public. This information is a public record and must be provided when requested.

Other information such as training records and demographic information is confidential and will be shared only in aggregate form or in a manner that prevents individuals from being personally identified. For example, STARS may share or talk about the number of child care providers attending a conference or the general profile of training among all child care providers in Wyoming.

Some compiled records are available to a limited number of individuals. For example, your individual biennium training record is available to you, your employer and your DFS licensor but no one else without your permission.

(Sections with red headings are required to gain an identification number.)

Date of Application: _____

General Information: *(This form is for first-time participants. If you have had a STARS number in the past or need to update call STARS at 1-800-400-3999 or sign-in to your personal record to complete updates.)*

Name: _____ Date of Birth: _____
(Use given name as it appears on your work records. First, Middle, Last)

If you worked in child care before but had a different last name list that name: _____

Home Mailing Address: _____

City: _____ State: _____ Zip: _____ County: _____

Home Phone: _____ Email: _____

(The system is going green and will communicate with you via email.)

General Demographics

Sex: Female Male

Ethnicity: American Indian or Alaska Native Asian Black or African American
 Native Hawaiian or Other Pacific Islander White

(If more than one, check all that apply.)

Also tell us if you are: Hispanic or Latino Not Hispanic or Latino

Is your first language English? Yes No If **no** then list your native language: _____
(Example: Spanish)

Educational Information:

High School Diploma or GED

CDA (specify type) _____

Date of Issue _____ Initial _____ Renewal (Supply copy of certificate.)

AA/AAS Degree in _____ BA/BS Degree in _____

Master's Degree in _____ Doctorate Degree in _____

(Supply copy of college transcript.)

Employment Information:

Name of child care facility in which you are employed: _____

Business Mailing Address: _____

City: _____ State: _____ Zip: _____ County: _____

Business Phone: _____ Fax: _____

What is your position at your facility?

General Care Provider Teaching Assistant Teacher Home Provider Center Director

Other (specify) _____

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If you have questions, call 1.800.400.3999 or 1.307.772.9099

Email: info@wyostars.org Website: www.wyostars.org Fax: 307-463-9959

STARS 1401 Airport Parkway Ste 300, Cheyenne, WY 82001

Employment Data:

What is your current wage? \$ _____ /hour

List employment benefits (Life Insurance, Health insurance, Sick leave, Vacation): _____

What kind of setting do you work in?

Family Home Child Care Family Child Care Center Head Start Child Care Center Preschool
 Developmental Child Care Center

If you hold a CDA, AA or other degree, please provide a copy of your certificate or degree to support your educational qualifications. If you hold a specialized license (teaching or nursing for example) supply a copy of your license.

(Note: If you plan to become an instructor in the STARS system and hold a college degree, you will be asked to supply a copy of your college *transcript* to support your qualifications at the time you apply to become an instructor.)

By my signature, I certify that this information is true.

STARS Applicant Signature

Date

If you have questions, call 1.800.400.3999 or 1.307.772.9099

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STARS 1401 Airport Parkway Ste 300, Cheyenne, WY 82001