

Individual Director/Teacher Application

Program Year 2023 – 2024

Please print and fill out completely.

Application will be rejected if not completed in its entirety.

1. Applicant Information -	- <mark>Please provide full legal name th</mark>	nat matches bank accou	unt/direct deposit/W9 information.					
Legal Name:								
First Name	Middle Initial Last Name		me					
Home Mailing Address:								
Home Mailing Address:								
City/State	e/Zip	County						
Phone (cell):	Phone (work):	Email: _	Email:					
Name of Provider where you are currently employed:								
Position/Title:	Н	ire Date (MM/DD/YY):						
What classroom do you teach in? (N/A for Directors)								
Are you the Lead Teacher? ☐ Yes ☐ No ☐ N	N/A							
What age group(s) do you teach? (Please check all that apply.)								
\square Infants (Birth-18 months)	\Box Toddlers (15-3	36 months)	☐ Preschool (36 months+)					
☐ Yes ☐ No		ked						
Please select how you would like to receive stipend payments if you qualify. Direct Denosit Paper Check								
☐ Infants (Birth-18 months) ☐ Toddlers (15-36 months) ☐ Preschool (36 months+) Do you have a Teachstone Account? ☐ Yes ☐ No If No, provide an active email address to have a Teachstone Account linked.								

2. Select Bonus – Check ALL that you are applying for.					
☐ Recruitment Bonus (\$500)¹					
☐ Health & Safety Bonus (\$700)²					
☐ Starting Your Teaching Journey: {Please select which course(s) you are applying for.}					
☐ Classroom Basics (\$100)²					
☐ Intro to CLASS (\$200)²					
 Did you receive a stipend for Intro to CLASS during FY 2022-2023? ☐ Yes ☐ No If Yes, for what age level? ☐ Infant ☐ Toddler ☐ PreK 					
☐ Classroom Management (\$100)²					
☐ The Art of Professional Conversations (\$100)² —					
☐ How to Obtain DCF 45 Hours (\$100)²					
☐ CLASS Group Coaching {CGC} (\$1,200)²					
Teachers may only take for the age level they teach. Teachers are not eligible to retake if they received a stipend in FY 2022-2023.					
Directors are not eligible to retake if they received a stipend in FY 2022-2023. Directors that completed 1 CGC in FY 2022-2023 may complete the remaining CGC in FY 2023-2024.					
 Did you receive a stipend for CGC during FY 2022-2023? ☐ Yes ☐ No If Yes, for what age level? ☐ Infant/Toddler ☐ PreK 					
□ CLASS Observer (\$800 for course completion, Additional \$400 for successful reliability testing) ² Directors are not eligible to retake if they received a stipend in FY 2022-2023. Directors that completed 1 or 2 courses in FY 2022-2023 may complete the remaining course(s) in FY 2023-2024. Questions below for Directors ONLY:					
 Did you receive a stipend for CLASS Observer during FY 2022-2023? ☐ Yes ☐ No If Yes, for what age level(s)? ☐ Infant ☐ Toddler ☐ PreK 					
☐ Performance (\$500)³ VPK Lead Teachers ONLY.					
☐ CLASS Observer Recertification (\$125 Reimbursement for successful reliability testing) ⁴ ONLY for Directors who successfully completed Reliability Testing for ARPA FY 2022-2023.					
 For what age level(s) did you successfully complete Reliability Testing during FY 2022-2023? ☐ Infant ☐ Toddler ☐ PreK 					
¹ Sponsoring provider must certify completion of requirements.					
² Applicant must submit training/completion certificates for all courses. ³ Applicant must submit CLASS Assessment Detail Report.					
⁴ Applicant must submit receipt and certificate.					

3. Applicant's Attest	tation Stateme	ent: Please read care	efully before submitting.			
	•		I understand I am responsible for			
<i>,</i> , ,		•	ursement. I attest to the fact the	it the information		
I have provided in this ap	opiicaπon is true	ana compiete.				
Applicant Signature:			Date:			
Applicant Print Name:						
		_	be the legally binding equivalen curate to the best of my knowled	• •		
4. Provider Informa	tion: Completed L	y applicant's Early Led	arning/Child Care Provider/Director.			
Name of Provider:						
License/License Exempt	#:					
P.O. Box/Mailing Addres	s:			·		
	Street Name					
	City/State/Zip		County			
Contact Name:		Phone:	Email:			
Eligibility Criteria Requir Yes No Is ap Yes No Doe Yes No Is the If no, applicant does not qual Eligibility Criteria Requir	ements for all bo oplicant a Florida is applicant have applicant still edify for any bonus.	nuses: resident? the sponsorship of employed at your E	plicant's Early Learning/Child Care Prov f your Early Learning/Child Care p Early Learning/Child Care progra ound screenina?	program?		
 ☐ Yes ☐ No Has the applicant completed a background screening? ☐ Yes ☐ No Has the applicant completed 120 hours of employment? 						
If all responses are yes, applie	• •	•				
	or reimbursement		ses and confirming the eligibility ct that the information I have pr			
Authorized Provider Rep	resentative					
Signature:			Date:			
Print Name:						
		=	be the legally binding equivalen curate to the best of my knowled	= -		