

The Commonwealth of Massachusetts
Department of Early Education and Care

STAFF INFORMATION FORM

(This form must be completed by each staff person)

PROGRAM NAME:

Name:	Date of Birth:
Address:	Telephone Number:
Date of Hire:	Social Security #:(optional)
Current Position:	Supervisor's Name:

ADMINISTRATIVE AND TEACHING STAFF:

Circle age group(s) you are caring for:

Infant (birth - 15 mos.)	Infant / Toddler (birth - 2 yrs. 9 mos.)
Toddler (15 mos. - 33 mos.)	Toddler / Preschool (15 mos. - K.)
Preschool (2 yrs. 9 mos. - K.)	Preschool / SA (2 yrs. 9 mos. - 9 yrs.)
School Age (5 yrs. - 14 yrs.)	Kindergarten / SA (5 yrs. - 14 yrs.)
Multi-Age Group (birth -14 yrs.)	

Do you have a Department of Early Education and Care or Office of Child Care Services
Certificate of Qualifications?

No _____ Yes _____ Applied _____

Certificate # _____ Level _____ (Copy of Certificate, if applicable,
must be on file at center)

Please list any licenses, certifications, or registrations you have (i.e. teacher certification, social
worker's license, etc.)

Date of EEC Professional Registry _____

Date of EEC Educator Orientation (if applicable) _____

I attest that the above information is, to the best of my knowledge, true and accurate.

Signature

Date