



# Early Childhood Connections

## Trainee Information Form



**Full Legal Name:** \_\_\_\_\_ **Date Completed:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Pathways ID:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Work Email:** \_\_\_\_\_

**Place of Employment:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Start Date:** \_\_\_\_\_ **Employer Type:**  Childcare Center  
 Group Family Childcare  
**Employment Type:**  Full Time  Family Childcare - Registered  
 Part Time  Family Childcare - Unregistered  
 Seasonal  Out of School Time Care  
 Other

**Average Hours of Work per Week:**  Less than 10 Hours **Position Type:**  Employee  
 10-20 Hours  Owner  
 20-30 Hours  Volunteer  
 30-40 Hours  
 40 Hours

**Position Title:**  Assistant Teacher **Age of Children You Work with:**  0-1 Years  
 Lead Teacher (Choose All That Apply)  1-2 Years  
 Teacher/Director  2-3 Years  
 Director  3-4 Years  
 Administration  4-5 Years  
 Support Staff (Cook, Driver, etc)  5-6 Years  
 Family Childcare  6-13 Years  
 Family Childcare Assistant  
 Home Visitor  
 Other: \_\_\_\_\_

I, \_\_\_\_\_, give permission to Early Childhood Connections to release information regarding my student records upon request to employees of the SD Department of Social Services, Division of Child Care operating in their official capacity and to my program director of record (if any).

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please send this form to Mary Schweitzer at [mschweitzer@earlychildhoodconnections.com](mailto:mschweitzer@earlychildhoodconnections.com)  
or fax to 605-394-0153.