



5900 Monona Drive #205  
 Madison, WI 53716-3561  
 Visit our website: www.the-registry.org

Phone: 608-222-1123  
 Email: registry@the-registry.org

## Application

Dear Registry Applicant:

Thank you for your interest in The Registry. To make sure your certificate is complete and accurate, please take a moment to read the application. We have included an instruction page to assist you. If you still have a question, give our office a call at 608-222-1123 between the hours of 9:30 am and 3:30 pm.

Sincerely,  
 Jere Wallden – Executive Director

<b>Personal Information</b> (please print)																							
Full Name (first middle last):																							
Previous Last Name:				Email Address:																			
Last 5 digits of Social Security Number: ____ - ____ - ____ - ____ - ____																							
Mail all Registry materials to: <input type="checkbox"/> Business Address <input type="checkbox"/> Home Address																							
<b>Business Address</b>																							
Name of Business:																							
Street:				Apt./Suite #:																			
City:				Zip: ____ - ____ - ____																			
<b>Home Address</b>																							
Street:				Apt./Suite #:																			
City:				Zip: ____ - ____ - ____																			
Birth Date:                      /                      /																							
Home Phone: (                      )				Work Phone: (                      )																			
Fax: (                      )																							
Gender: Female    Male				Preferred Training Language:																			
<table style="width: 100%; border: none;"> <tr> <td style="width: 25%;"><b>Racial\Ethnic Background</b></td> <td style="width: 12.5%;">African American</td> <td style="width: 12.5%;">Alaskan Native</td> <td style="width: 12.5%;">American Indian</td> <td style="width: 12.5%;">Asian</td> <td style="width: 12.5%;">Caucasian</td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> <tr> <td></td> <td>Hispanic</td> <td>Hmong</td> <td></td> <td>Multiracial</td> <td>Pacific Islander</td> <td></td> <td></td> </tr> </table>								<b>Racial\Ethnic Background</b>	African American	Alaskan Native	American Indian	Asian	Caucasian				Hispanic	Hmong		Multiracial	Pacific Islander		
<b>Racial\Ethnic Background</b>	African American	Alaskan Native	American Indian	Asian	Caucasian																		
	Hispanic	Hmong		Multiracial	Pacific Islander																		
<b>Primary Language (circle one)</b>																							
American Sign Language	Arabic	Armenian	Chinese	Creole	English	French	Greek																
Hindi	Hmong	Japanese	Korean	Lao	Persian	Polish	Portuguese																
Russian	Spanish	Tagalog	Thai	Tribal	Vietnamese	Urdu	Yiddish																
Other:																							
<b>Secondary Language (circle one)</b>																							
None				Other:																			
American Sign Language	Arabic	Armenian	Chinese	Creole	English	French	Greek																
Hindi	Hmong	Japanese	Korean	Lao	Persian	Polish	Portuguese																
Russian	Spanish	Tagalog	Thai	Tribal	Vietnamese	Urdu	Yiddish																
Other:																							

**High School Education** (check all that apply)

**High school diploma/GED year:** \_\_\_\_\_

\*send a copy of your diploma to achieve higher level. If you have a higher degree, you need not send your diploma.

**No High School/GED Diploma**

**Higher Education**

Education Type	Graduation date (if applicable)	Institution	Major
1 year diploma			
Associate Degree			
Bachelors Degree			
Masters Degree			
Doctorate Degree			
Some College			

**DPI teaching license #** \_\_\_\_\_ **Date Issued** \_\_\_\_\_ **Expiration Date** \_\_\_\_\_

**12 credit Registry Infant Toddler Credential**

**15 to 18 credit Registry Preschool Credential**

**12 credit Registry Inclusion Credential**

**18 credit Registry Administrator Credential**

**Other Education**

**5 credits - Mentor and Mentor-Protégé courses**

**DCF School Age certificate**

**9 credit Family Service Credential**

**DCF Infant/Toddler certificate**

**Non-credit Family Service Credential**

**DCF Administrator Supervision certificate**

**School Age Credential**

**CPR/AED**

**Approved Montessori Training (AMI)**

**First Aid**

**Approved Montessori Training (AMS)**

**Shaken Baby**

**Apprenticeship Certificate**

**Child Development Associate (CDA)** **Expiration Date:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Infant/Toddler**

**Family Child Care**

**Preschool**

**Home Visitor**

**Infant/Toddler Bi-lingual**

**Family Child Care Bi-lingual**

**Preschool Bi-lingual**

**Home Visitor Bi-lingual**

## *Employment and Child Care and Education Experience*

**Position Codes** (to be used in sections A and B)

### Position Title in Regulated Childhood Care and Education

### Other Positions

- 1) Center Director licensed for 50 or fewer
- 2) Center Director licensed for 51 or more
- 3) Center Administrator
- 4) Teacher
- 5) Assistant Teacher
- 6) School-Age Teacher
- 7) School-Age Assistant Teacher

- 8) School-Age Director licensed for 50 or fewer
- 9) School-Age Director licensed for 51 or more
- 10) Licensed Family Child Care Provider
- 11) Certified Family Child Care Provider
- 12) Student Teacher
- 13) Non-Teaching Staff

- 14) Non-Regulated Family Child Care
- 15) Agency Staff
- 16) College Faculty
- 17) Consultant
- 18) Government Agency Staff
- 19) Licensor
- 20) Trainer
- 21) Childhood Professional
- 22) Manager

### A. Current Position Information

License Number:	Position Code:	
Employer Name:	Start Date:     /     /	
City:	State:                      Phone: (     )	
Average # of hours worked per week:	Number of months worked per year:	
Ages of those with whom you currently work: (please check all that apply)		
<input type="checkbox"/> Infants (0-12 months)	<input type="checkbox"/> School Age (Grades K-5)	<input type="checkbox"/> Adults
<input type="checkbox"/> Toddlers (13-36 months)	<input type="checkbox"/> Middle School (Grades 6-8)	
<input type="checkbox"/> Preschool (37 months to Pre-K)	<input type="checkbox"/> Secondary (High School)	

### Wage Information

Hourly wage: \_\_\_\_\_ or Gross annual salary if a family provider: \$ \_\_\_\_\_  
 Date of last wage increase at primary position: \_\_\_\_/\_\_\_\_/\_\_\_\_ (the one where you spend the majority of your time)

### B. Previous and Verifiable Experience (List additional employment on another paper if necessary)

1. License Number:	Position Code:	
Employer Name:	Start Date:     /     /	
Employer Address:		
Hours Worked Per Week:	Months Worked Per Year:	End Date:     /     /
Main reason for leaving:   New job in field   New job outside field   Moved   Personal   Wages   Retired		
2. License Number:	Position Code:	
Employer Name:	Start Date:     /     /	
Employer Address:		
Hours Worked Per Week:	Months Worked Per Year:	End Date:     /     /
Main reason for leaving:   New job in field   New job outside field   Moved   Personal   Wages   Retired		

**Application Type** (check one)

- New Applicant \$60.00 (apply online for \$50.00 at [www.the-registry.org](http://www.the-registry.org))
- Renewal Applicant \$35.00 (renew online for \$25.00 at [www.the-registry.org](http://www.the-registry.org))

**Effective January 1, 2010**

\*Rates subject to change – check Registry website ([www.the-registry.org](http://www.the-registry.org))

**Application Checklist–Please review before submitting application**

**Your application processing may be delayed if any of the items below are missing.**

- Payment - Check or money order payable to The Registry
- Birth date and last 5 digits of social security number
- Signature
- Entry Level documentation
- First time applicants - Copy of an official transcript for credits received from a university or college. Those renewing may send a copy of an official transcript, unofficial transcript or grade report for credits received from a university or college. Documents printed from online systems cannot be accepted.
- Continuing Education Staff Record: Each training entry must be initialed by the program director or trainer.
- Unsigned continuing education forms cannot be accepted.
- Verification of a Higher Education degree (copy of diploma or official transcript)
- High School or GED documentation (copy of diploma or transcript) unless a higher degree has been achieved
- Copy of DPI teaching license if one has been awarded

**Should you wish to add any additional information to your record after it has been processed to have it reflected on a current certificate, please remit \$15.00 with the additional information.**

**Final Step**

*I certify that all information provided and/or attached to my application and all future applications is true and correct. I understand I am responsible for information included in this application. I do hereby indemnify The Registry Board, employees, and agents against any claims whatsoever arising out of or connected with the information and/or any subsequent professional placement. I understand that The Registry is a public entity and will protect the confidentiality of personal information provided to the extent permitted under state and federal law.*

***Your application will not be processed without your signature.***

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

*Unless you request otherwise in writing, your name, program name, program address and education will be released to organizations, county and state agencies, individuals sponsoring training events, parent information and research surveys. Your name will not be released to advertisers. This also applies to any subsequent information sent to the Registry.*

**Registry fees are nontransferable and nonrefundable.**

**Mail to: The Registry 5900 Monona Drive #205 Madison, WI 53716**

## ***Registry Application Additional Instructions***

### ***Personal Information***

- Birth date/Social Security number - In the interest of security, The Registry no longer records your social security number. We now ask for the last 5 digits of your social security number along with your birth date. This allows us to add accuracy and privacy in regard to your record.

### ***Education Information***

- Please indicate all education obtained. Remember to send documentation for all training you have attended that is not being reported to the Registry directly. If you are sending transcripts, be sure to send copies of official transcripts. Internet copies are not accepted.
- If you have earned a degree, please send a transcript. If your degree date and title are not on your transcript, you must send a copy of your diploma.

### ***Employment and Child Care and Education Experience.***

- Choose a position code from the list and enter it in the appropriate box in Sections A and B. If the exact title for your position is not reflected in the code list, please choose the title code that *most closely* fits.
- List each position separately. If you hold or have held more than one position for the same employer, list those positions separately. If you currently have more than one employer or position, enter your primary position as the current position and your secondary position in section B.
- If you have held the same position at more than one place of employment, list each employer separately.
- Attach additional paper if more space is needed.

### ***Child Care and Education Experience***

- License/DWD Number
  - Licensed programs have this number on the DCF license posted in the center
  - Certified providers will find this number on their county certification document
- Position Code – you can find the list of code numbers right above this section

### ***Previous and Verifiable Child Care and Education Experience***

The Registry now requests detailed information regarding your past work history so that we may more accurately count your years of experience. Please fill this in with as much detail as possible even if you are renewing.

### ***Application Type***

- **New Application** - Choose if you have not applied to the Registry previously. You may have a record on file with the Registry by taking state approved courses or classes that award Registry CEUs. Choose this option if you have not received a Registry professional certificate.
- **Renewal Application** - Choose even if your certificate has expired. You need not send any documentation previously sent. You will be asked to re-send a copy of your official transcripts if your account has been inactive for 4 years or more.

### ***Continuing Education***

- Submit continuing education documentation to cover the previous year. To determine your continuing education year, start with the month your application is submitted to the Registry and count back 12 months. Training within that time frame will be considered.

### ***Professional Contributions***

- Check all contributions that you have made for the year. Please list specific organizations and dates for each contribution. Attach additional information as necessary. Contact name and number may serve as verification. Professional contributions are most often defined as activities for which you volunteer and those that benefit children and families. Please write in all applicable activities under “other” that are not listed anywhere else.

Please note:

1. Continuing education documents are kept in your paper file for one year.
2. Paper documents of Registry members inactive for more than 4 years are destroyed.

### ***Professional Organization Membership***

**Please list specific organizations and dates for each membership. Copies of certificates or membership cards may serve as verification.**

Name of Organization	Membership Role	Date of Membership
	<input type="checkbox"/> Member <input type="checkbox"/> Leadership	
	<input type="checkbox"/> Member <input type="checkbox"/> Leadership	
	<input type="checkbox"/> Member <input type="checkbox"/> Leadership	

### ***Professional Contributions***

**Please check all professional contributions made this year. Copies of certificates, contact names and phone numbers or letters may serve as verification.**

- Presenter of at least one child care workshop in the past year
- Recipient of an award specific to the childhood care and education profession
- Validator for NAEYC, observer for NAFCC, endorser for NSACA or Head Start Peer reviewer
- CDA/Credential Advisor, Mentor, Journeyman, or Commissioner for Registry credentials
- Supervisor of students enrolled in a formal degree program
- Consultant on child care issues
- Registry ambassador
- Registry Approved Trainer
- Registry Approved Consultant
- Board Member of a statewide or national professional child care organization
- Author of a published article related to child care
- Chairperson of a local or statewide conference subcommittee
- Teacher or Director of NAEYC or NSACA accredited center or one with comparable accreditation
- Instructor of a childhood care and education course at an institute of higher education
- Accredited family child care provider or home with comparable accreditation
- Officer of the Board of a statewide or national professional child care organization
- Overall coordinator of a child care conference
- List any volunteer or outside activity that benefits children and families.

Activity: