



PROVIDER REGISTRATION FORM

PLEASE COMPLETE ALL APPLICABLE FIELDS

(Must be completed by ALL providers prior to participating in First 5 Fresno County funded activities) Please note that by participating in First 5 Fresno County funded activities you may be selected to participate in the evaluation of the services provided by First 5 Fresno County.

First Name: _____ Middle: _____ Last Name: _____

Date of Birth (month/day/year): ____/____/____ Gender: Male Female

What is the highest level of education you completed and received credit for (select only one)?

- Grades 1-8 Grades 9-11 Grade 12 (High School) Some College Vocational School
- AA/AS Degree BA/BS Degree Some Graduate School MA/MS Degree PhD or Equivalent
- No Formal Education

Race or Ethnicity (select only one):

- Alaskan Native/Native American Black/African American Hmong Pacific Islander Asian
- Hispanic/Latino Multiracial Russian/Ukrainian White/Caucasian Unknown
- Other: _____

Primary language that you grew up speaking or language that you speak most often (select only one):

- Cantonese English Hmong Indigenous Mexican Korean
- Mandarin Russian/Ukrainian Spanish Vietnamese Unknown
- Other: _____

Secondary language that you are fluent in and speak frequently (select only one):

- Cantonese English Hmong Indigenous Mexican Korean
- Mandarin Russian/Ukrainian Spanish Vietnamese Unknown
- None Other: _____

Please choose the option that best describes your primary focus of work/professional identity (please select one):

- Center Based ECE Health Home Based ECE Mental Health Student Volunteer Educator
- Social Services

Office Phone: (____) _____ - _____ Office Address: _____ STE/APT # _____

City: _____ State: _____ Zip Code: _____

If YOU ARE an ECE provider, complete this section. If NOT, skip to the signature box below.

Name of Center or Home Based Child Care: _____

Please check one statement:

- I am or I work for a licensed child care provider, serving Fresno County children ages 0-5, committed to quality improvement.
- I am or I work for an unlicensed child care provider, serving Fresno County children ages 0-5, committed to quality improvement.

By signing this form, I certify all the above information is true and correct. Signature

Date

This section to be completed by program staff.

Today's Date: ____/____/____ Agency/Program Name: _____ Contract #: _____