

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.)

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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