



EVENT CHILD CARE APPLICATION & EMPLOYMENT VERIFICATION

Please attach a W-9 for the current year; this document must be updated annually for Tax purposes.

Name:	Email:
Languages Spoken:	Telephone: ()

Mark the days, times, and region (or cities) you are available to work with an 'x'

	Morning 8 am – 12 pm	Afternoon 12 pm – 5 pm	Evening 5 pm – 9 pm
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Central	Concord	Clayton	Martinez	Pleasant Hill	Walnut Creek
East	Antioch	Bay Point/ Pittsburg	Brentwood	Oakley	Byron/ Discovery Bay
South	Alamo	Lafayette	Moraga	Orinda	
West	Crockett	El Cerrito/ Kensington	El Sobrante/ Pinole	Hercules/ Rodeo	Richmond/ San Pablo

EVENT CHILD CARE APPLICATION (to be completed by applicant)

_____ << INITIALS I understand that I am applying to work as a Child Care Provider for short-term (2-8 hours) events hosted by First 5 Contra Costa.

_____ << INITIALS I agree to join the pool of Event Child Care Providers for a minimum of one year.

_____ << INITIALS I understand that I need to notify First 5 Contra Costa if my employment status changes (e.g. new site/program, unemployed, no longer volunteering with an alternative site).

_____ << INITIALS I understand that if I want a rate change, I need to provide First 5 Contra Costa with updated college coursework transcripts, proof of degree, or upgraded Child Development Permit.

My current Child Development Permit level is _____ and it expires MM / DD / YYYY

I have _____ number of units in ECE / Child Development OR I have a degree in ECE / Child Development. I have an AA or BA degree

I declare under penalty of perjury under the laws of the State of California that I have read and understand the information in this affidavit and my responses are true and correct. _____

SIGNATURE

DATE

EMPLOYMENT VERIFICATION (to be completed by employer, owner/director or site supervisor)

I certify the Event Child Care Provider applicant named above is employed at _____
NAME OF LICENSED FCCH / CENTER

as a _____
POSITION / JOB TITLE

_____ << INITIALS I certify that upon employment the applicant met all requirements of Child Care Licensing, including:

_____ << INITIALS LiveScan / Fingerprinting. Their Automated Transaction Identifier (ATI) number (appears at the bottom of the Department of Justice Form 8016) is: _____

_____ << INITIALS Proof of TB clearance

_____ << INITIALS First Aid / Infant First Aid / CPR (if needed for safety ratio)

I declare under penalty of perjury under the laws of the State of California that I have read and understand the information in this affidavit and my responses are true and correct.. _____

SIGNATURE

DATE

First 5 Contra Costa-ECE Use Only Application received MM / DD / YYYY New Update(s) Employment change

If update(s):

CD Permit: Initial Upgrade Renewal

College Transcripts: # Units _____ Proof of Degree

ECCP Level	Qualification(s) Met	Rate Range	Date & Approval
Adult Aide/ Volunteer	At least 18 yrs old; 0-5 ECE units; proof of fingerprint/LiveScan; proof of TB clearance	\$16.50	
Teacher 1	The above <i>and</i> 6 to 11 ECE/CD units (equivalent of <i>Assistant Teacher</i> on the Child Development Permit Matrix) AND employed in licensed program or alternative setting* within past 12 months.	\$17.00 - \$22.00	
Teacher 2	The above <i>and</i> has current Assistant or Associate Teacher Permit	\$24.00 - \$26.00	
Lead Teacher	The above <i>and</i> has 24 units of ECE/CD + 16 units of General Education OR Teacher Permit	\$28.00 - \$30.00	

NOTES:

Application approved : Yes No ECE PO .._____

SIGNATURE

DATE

Please attach a W-9 for the current year; this document must be updated annually for Tax purposes.