



**T.E.A.C.H. Early Childhood® ARKANSAS
INFORMATION UPDATE FORM
(Form E)**



This form should be completed annually at the end of each contract completion prior to a renewal contract being issued.

THIS SECTION SHOULD BE COMPLETED BY THE RECIPIENT.

Name _____ Previous Name (if changed) _____

Current Mailing Address, City, Zip _____

E-mail Address _____

Home Phone _____ Cell Phone _____

Family Type: Single, no children Married, no children # of children _____ Total # in Family _____

When do you anticipate completing your degree? _____

Center where Employed _____

Position _____ Weekly Hours _____ Hourly Wage _____

Has this position changed in the past 12 months? Yes No If yes, list previous position _____

Age Groups You Work With: Infants (0-18 mos.) Toddlers (18-36 mos.) Preschool (3-4 yrs)
 School-age Administration

If time is divided with different ages, list percentage of time for each _____

INDICATE YOUR INTENTION GOING FORWARD:

I plan to continue my current higher education program with T.E.A.C.H.

I will take a break next semester and then continue with my higher education program the following semester with T.E.A.C.H.

I no longer wish to participate in this higher education program or the T.E.A.C.H. Early Childhood scholarship program.

Other: _____

THIS SECTION SHOULD BE COMPLETED BY THE SPONSOR-EMPLOYER.

Program Name _____ License # _____

Director's Name _____ Title _____

Director's Email _____ Lic Capacity _____ Enrollment _____

Does your program serve subsidy children? Yes No If yes, what percentage of total enrollment is subsidy? _____

Indicate your program's current level in Better Beginnings: 1 2 3 4 5 6 Do not participate

Check all that apply for your program:

For-profit center Head Start/EHS Faith-based Arkansas Better Chance
 Non-profit center Public School/Coop EIDT Licensed Family Child Care Home

Attach a current paystub (dated within the past 30 days) to this form.

I certify the information above is complete and accurate to the best of my knowledge and required documentation is attached.

Signature of Scholarship Recipient

Signature of Director/Administrator

**Return form to: Arkansas Early Childhood Association
Attn: T.E.A.C.H. Early Childhood
P. O. Box 4291 ♦ Fayetteville, AR 72702**

**You may also scan and email completed form to
teach@arkansasearlychildhood.org**