



**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 SCHOLAR.**

Name \_\_\_\_\_ Previous Name (if changed) \_\_\_\_\_

Current Mailing Address, City, Zip \_\_\_\_\_

E-mail Address \_\_\_\_\_ Arkansas PDR # \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

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

College/University \_\_\_\_\_ Student ID Number \_\_\_\_\_

When do you anticipate completing your degree? \_\_\_\_\_

Center/FCC Home: \_\_\_\_\_

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: \_\_\_\_\_

**SECTION SHOULD BE COMPLETED BY EMPLOYER OR FCC OWNER.**

Program Name \_\_\_\_\_ License # \_\_\_\_\_

Owner/Director \_\_\_\_\_ Title \_\_\_\_\_

Owner/Dir 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:

<input type="checkbox"/> For-profit center	<input type="checkbox"/> Head Start/EHS	<input type="checkbox"/> Faith-based	<input type="checkbox"/> Arkansas Better Chance
<input type="checkbox"/> Non-profit center	<input type="checkbox"/> Public School/Coop	<input type="checkbox"/> EIDT	<input type="checkbox"/> Licensed Family Child Care Home

**Attach a current paystub (dated within the past 30 days) or FCC Income Statement 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 Scholar

\_\_\_\_\_  
Signature of Director/Administrator/FCC Owner

**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**