



ARKANSAS  
A Program of Arkansas Early Childhood Association

# TEACH 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 TEACH.
- I will take a break next semester and then continue with my higher education program the following semester with TEACH.
- I no longer wish to participate in this higher education program or the TEACH Early Childhood scholarship program.
- Other: \_\_\_\_\_

### SECTION SHOULD BE COMPLETED BY DIRECTOR-EMPLOYER OR FAMILY CHILD CARE 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:

- 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) 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: TEACH Early Childhood  
PO Box 4291 ♦ Fayetteville, AR 72702**

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