

Early Care and Education - Training Records Information System Information Form

REV. 04/10

PERSONAL INFORMATION

BIRTHDATE: ____/____/____ Last 4 digits of SS# _____

These are required to create your unique id in ECE-TRIS.

FIRST NAME: _____ M.I.: _____ LAST NAME: _____

PERSONAL MAILING ADDRESS: _____

COUNTY: _____ CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: (____) _____ - _____ EMAIL ADDRESS: _____@_____
(if applicable)

EARLY CARE AND EDUCATION JOB TITLE

Owner Director Assistant Director Classroom Teacher/Aide/Asst. Substitute Cook

Other: _____
(please specify)

GENDER: Male Female

ETHNICITY: Hispanic/Latino Non-Hispanic/Latino

RACE: African American
 American Indian or Alaskan Native
 Asian

Caucasian
 Native Hawaiian or Pacific Islander
 Other _____ *(please specify)*

What is your Primary Language? _____ Secondary Language? _____
(Ex. English, Spanish, German, French, Chinese, Japanese, Korean, Arabic, Serbo-Croatian, Vietnamese, Sign Language)

Please check all of your
current Credentials or Degrees

Other: _____
(please specify)

Commonwealth Child Care Credential
 Child Development Associate
 Kentucky ECE Trainer's Credential
 Kentucky Director's Credential

Associates Degree
 Bachelors Degree
 Masters Degree
 Doctorate Degree

EMPLOYER INFORMATION

Employer Name: Specify Official Work Site (please do not abbreviate):

Please Circle:

Type I, Type II, Certified Home, Registered Provider, Head Start, Potential Provider, Training Agency or Organization

ADDRESS: _____ **HIRE DATE:** ____ - ____ - ____
(Month - Day - Year)

COUNTY: _____ CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: (____) _____ - _____ FAX: (____) _____ - _____ DIRECTOR: _____

Please send completed form to:

*ECE-TRIS, University Training Consortium, Eastern Kentucky University,
521 Lancaster Ave., 229 Mattox Hall, Richmond, KY, 40475.*

Phone: (859)622-8811 or Toll Free (877)312-TRIS FAX: (859)622-6838.

Email: ecetris@eku.edu Visit us on the web at: <https://tris.eku.edu/ece/>