



PROVIDER REGISTRATION FORM (7/2011)

Use this form to acquire a STARS identification number for the first time.

Because child care is a state licensed process, basic information on each child care facility is public information. STARS must provide the business name, owner name and address of any or all child care facilities when requested by any member of the public. This information is a public record and must be provided when requested.

Other information such as training records and demographic information is confidential and will be shared only in aggregate form or in a manner which prevents individuals from being personally identified. For example, STARS may share or talk about the number of child care providers attending the annual conference or the general profile of training among all child care providers in Wyoming.

Some compiled records are available to a limited number of individuals. For example, your individual biennium training record is available to you, your employer and your DFS licensor but no one else without your permission.

(Sections with red headings are required to gain an identification number.)

Date of Application: _____

General Information: *(Please check one)* _____ First time application _____ Change of information

Name: _____ Date of Birth: _____

(Use given name as it appears on your work records. First, Middle, Last)

If you worked in child care before but had a different last name list that name: _____

Home Mailing Address: _____

City: _____ State: _____ Zip: _____ County: _____

Home Phone: _____ Email: _____

(The system is going green and will communicate with you via email.)

General Demographics

Sex: Female Male

Ethnicity: American Indian or Alaska Native Asian Black or African American

Native Hawaiian or Other Pacific Islander White _____

(If more than one, check all that apply.)

Also tell us if you are: Hispanic or Latino Not Hispanic or Latino

Is your first language English? Yes No If **no** then list your native language: _____
(Example: Spanish)

Educational Information:

High School Diploma or GED

CDA (specify type) _____ CDA Advisor (Supply copy of letter.)

Date of Issue _____ Initial _____ Renewal (Supply copy of certificate.)

AA/AAS Degree in _____ BA/BS Degree in _____

Master's Degree in _____ Doctorate Degree in _____

(Supply copy of college transcript.)

Employment Information:

Name of child care facility in which you are employed: _____

Business Mailing Address: _____

City: _____ State: _____ Zip: _____ County: _____

Business Phone: _____ Fax: _____

What is your position at your facility?

General Care Provider Teaching Assistant Teacher Home Provider Center Director

Other (specify) _____

If you worked in child care previously who was your last employer: _____

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