



PROVIDER REGISTRATION FORM

Provider Information

(Must be completed by ALL providers prior to receiving training or workshop participation)
PLEASE COMPLETE ALL APPLICABLE FIELDS

A) First Name: _____ Middle: _____ Last Name: _____

Date of Birth (month/day/year): ____/____/____

Gender: Male Female

B) Race or Ethnicity (please select one):

- Alaskan Native/Native American Black/African American Hmong Pacific Islander Other/Unknown
- Asian Hispanic/Latino Multiracial Russian/Ukrainian White/Caucasian

C) Primary Language Spoken (please select one):

- Cantonese Hmong Korean Vietnamese Spanish
- English Indigenous Mexican Mandarin Russian/Ukrainian Other/Unknown

D) Type of Provider (please select one):

- Health Mental Health Staff Student Volunteer

If YOU ARE an ECE provider, complete Section E. If NOT, skip to Section F.

E) Name of Center or Home Based Child Care: _____

- Home Based Child Care Center Based Child Care

Please Check One Statement:

- I am a licensed child care provider, serving Fresno County children ages 0-5, committed to quality improvement.
- I am an unlicensed child care provider, serving Fresno County children ages 0-5, committed to quality improvement.

F) Office Phone: (____) _____ - _____

Office Address: _____ SUITE/APT # _____

City: _____ State: _____ Zip Code: _____

I certify all the above information is true and correct and understand that, by signing this form, I may be selected to participate in the evaluation of the services provided by First 5 Fresno County. If selected, I agree to participate.

Signature

Date

This section to be completed by program staff.

R1011(2&3)

Today's Date: ____/____/____

Agency/Program Name: _____