Gateways to Opportunity® Registry Membership Form Instructions

For questions please call 1.866.697.8278 or visit us at www.ilgateways.com.

Before you begin, please read these important notes and instructions about the Gateways Registry Membership Form. A Gateways Registry Membership, will track your education, credentials, and trainings in the Registry database. You can access this information at any time by viewing your Professional Development Record (PDR) online through a secure section of the Gateways website.

If you are applying for the Gateways Registry only, you can apply online at www.ilgateways.com and membership is immediate. If you apply for the Gateways Registry using this paper application, please anticipate a 30 day processing time.

The Gateways Registry Membership is your first step to access all programs and services offered through Gateways. The Gateways Registry Membership Form must be completed by any person who chooses to apply for any INCCRRA administered, Illinois Department of Human Services funded, professional development program. For questions please call 1.866.697.8278 or visit www.ilgateways.com

SECTION 1 – CONTACT / PERSONAL INFORMATION

Please complete all required information in this section. The choice you make under "Please contact me at my," is where we will send all program communications, certificates, checks, etc.

SECTION 2 – IDENTIFICATION VERIFICATION QUESTIONS

You will be assigned a unique Person ID that is used in our tracking systems and on all communications from INCCRRA. We use that Person ID to ensure that we are entering the correct information into the correct person's record.
Please complete these questions as they will be used to verify and protect your identity should you ever lose your Person ID.

SECTION 3 – CURRENT EMPLOYMENT

Complete this section only if you are currently in part-time or full-time paid employment in the fields of Early Childhood and Education/School-Age/Youth Development.

When asked on page 2 for the Position Code, please refer to the box below and write in the **one number** of the position code that best reflects your current job.

Position Codes *(to be used in Section 3)*

Direct Services to Children

1. Director and/or Administrator (one-site)	9. Family Child Care Assistant
2. Assistant Director	10. Group Family Child Care Provider
3. Director/Teacher	11. Group Family Child Care Assistant
4. Teacher	12. School-Age Child Care Teacher
5. Assistant Teacher	13. School-Age Child Care Assistant
6. Teacher Aide (Preschool for All)	14. Youth Development Practitioner
7. Substitute/Floater	15. Other Direct Service
8. Family Child Care Provider	

Indirect Services

16. Director/Administrator (multi-site)	20. Education/Curriculum Coordinator
17. CCR&R Staff	21. Consultant
18. Higher Education Faculty/Staff	22. Other Indirect Services
19. Trainer	

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SECTION 4 − EDUCATION, CREDENTIALS AND CERTIFICATIONS

Please enter the requested information about any educational degrees you have completed, as well as current and valid professional credentials or certifications you have been awarded.

SECTION 5 − GATEWAYS TO OPPORTUNITY PROGRAMS

Do you want the Gateways Registry to perform a Basic Transcript Review?
A Basic Transcript Review categorizes the college coursework you have taken and will appear on your Professional Development Record as the total number of credit hours you have completed as well as the number of credit hours in ECE/CD, ECE Related, School-Age and Youth Development, and Business/Administration you have completed. **If you check yes, please include your official college transcript(s) in a sealed envelope from the college or university or request official electronic transcript(s) to be sent from your college or university to transcripts@inccrra.org.**

If you are applying for any additional programs the Registry Membership Form must be completed and submitted with a Program Supplement Application for the specific program for which you are applying. **This question allows you to note which program***(s)* **you are applying for and to ensure you submit the correct applications. If the correct program application is not completed it will delay the processing of your application.**

Additional applications are not needed for Registry Membership only.

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A Gateways Registry Membership will track your education, credentials, and training. You can access this information at any time by viewing your Professional Development Record (PDR) through the Gateways website. Gateways Registry Membership is also the first step to access all programs/services offered through Gateways. This Membership Form must be completed by any person who chooses to apply for any INCCRRA-administered, Illinois Department of Human Services funded, professional development program. For questions, please call 1.866.697.8278 or visit www.ilgateways.com.

SECTION 1 - CONTACT / PERSONAL INFORMATION

First Name: _____ **Middle Initial:** ____ **Last Name:** _____

Previous Last Name: _____

Gender: *(optional)* ○ **Female** ○ **Male**

Primary Language: _____

Secondary Language: _____

Race/Ethnicity: *(optional)*
○ African American/Black ○ Hispanic/Latino
○ Caucasian/White ○ Pacific Islander
○ Native American/Alaskan ○ Multi-Racial
○ Asian ○ Other

Home Address: _____

City: _____ **State:** ____ **Zip:** ____ **County:** _____

Home Phone: _____ **Email Address:** _____

Please contact me at my: ○ Home Address/Phone (above) ○ Work Address/Phone (Section 3)

SECTION 2 - IDENTIFICATION VERIFICATION QUESTIONS

You will be assigned a unique Registry Member ID that will be used on all communications from Gateways. Should you lose your ID, please answer the following questions to help us verify and protect your identification and provide you with your ID.

Date of Birth: _____ **Mother's Maiden Name:** _____

City and State Where You Were Born: _____

SECTION 3 - CURRENT EMPLOYMENT

Please complete this section only if you are currently in part-time or full-time paid employment in the fields of Early Care and Education, School-Age, or Youth Development. If this does not apply to you, skip this section and continue to Section 4.

○ *I am choosing to skip this section because I am currently not working full-time or part-time in the fields stated above.*

Employer Business Name: _____

Work Site Name: _____

Work Address: _____

City: _____ **State:** ____ **Zip:** ____ **County:** _____

Work Phone: _____ **Work Fax:** _____

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Type of Program: *(check only one)*

○ Child Care Center ○ Family Child Care Home ○ Group Family Child Care Home
○ Head Start ○ School-Age/Youth Development Program ○ Public or Private School
○ Child Care Resource & Referral *(CCR&R)* ○ Other _____

This program is: *(check only one)*

○ Licensed by IDCFS License Number: _____ ○ License-Exempt ○ Not Applicable

Date Employment Began: *(with this employer)* _____ **Current Position Start Date:** _____

Current Position Title: _____

Position Code: _____ **Hours Worked per Week:** _____ **Weeks Worked per Year:** _____
(see instructions)

Hourly Wage: _____ - *OR* - **Annual Salary:** _____

Ages of Children You Currently Work With: *(Family Child Care check all that apply, others check only one)*

○ Infant *(6 wks – 14 months)* ○ Toddler *(15-23 months)* ○ Twos *(24-35 months)* ○ Preschool *(3-5 years)*
○ School-Age *(K-12 years)* ○ Youth *(13-21 years)* ○ Not Applicable

SECTION 4 - EDUCATION, CREDENTIALS AND CERTIFICATIONS

Educational Degrees Completed

Type of Degree	Name and Location of Awarding Institution	Major	Month/Year Awarded
High School or GED		Not Applicable	
Associate's Degree			
Bachelor's Degree			
Master's Degree			

Current Valid Professional Credentials and Certifications *(check all that apply)*

Please note that all Gateways to Opportunity Credentials are already on file and do not need to be reported here.

○ **Child Development Associate (CDA)** **Date Awarded:** _____ **Expiration Date:** _____

○ **Certified Child Care Professional (CCP)** **Date Awarded:** _____ **Expiration Date:** _____

○ **Illinois Type 04 Certification** **Date Awarded:** _____ **Expiration Date:** _____

○ **Montessori Credential** **Date Awarded:** _____ **Expiration Date:** _____

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SECTION 5 - GATEWAYS TO OPPORTUNITY PROGRAMS

Do you want the Gateways Registry to perform a Basic Transcript Review?

A Basic Transcript Review categorizes the college coursework you have taken and will appear on your PDR as the total number of credit hours you have completed, as well as the number of credit hours in ECE/CD, ECE Related, School-Age and Youth Development, and Business/Administration you have completed.

If you would like Gateways to perform a free Basic Transcript Review please send official college transcript[s] in a sealed envelope from the college or university, or request official electronic transcripts to be sent from your college or university to transcripts@inccrra.org. Once we receive your transcripts your Basic Transcript Review will be completed and updated on your PDR.

If you are applying for any additional Gateways programs, the matching supplement application *(indicated in parentheses)* **must also be included with the Gateways Registry Membership Form.**

- ❍ Gateways to Opportunity Credential *(ECE Level 1, ECE, Infant Toddler and Illinois Director Credentials)*
    - ❍ Direct Route *(Direct Route Credentials Supplement Application)*
    - ❍ Entitled Route *(Entitled Route Credentials Supplement Application)*
- ❍ Illinois Trainers Network *(Illinois Trainers Network Supplement Application)*
- ❍ Registry Trainer Approval *(Registry Trainer Approval Supplement Application)*
- ❍ Gateways Scholarship Program *(Scholarship Program Supplement Application)*
- ❍ Great START *(Great START Supplement Application)*
- ❍ Gateways Professional Development Advisor Program *(no supplement application needed)*

How did you first learn about the Registry? *(check only one)*

- ❍ Center Director
- ❍ Local Child Care Resource & Referral
- ❍ Conference/Presentation
- ❍ Mailing
- ❍ Co-Worker
- ❍ Professional Development Advisor
- ❍ Provider Association
- ❍ Website/Social Networking
- ❍ DCFS
- ❍ Other [   ]

SECTION 6 - SIGNATURE

I verify that all information provided is true and accurate. I understand that INCCRRA or the Illinois Department of Human Services may use my information for research/evaluation purposes. For more information, please view the Privacy Policy at www.ilgateways.com.

Print Name: [   ]

Applicant Signature: [   ] **Date:** [   ]

❍ *Check here if you do not wish for your name to be released for recognition of your participation in Gateways programs.*

If applicant is under the age of 18, a parent or legal guardian signature is required below.

Print Name: [   ]

Guardian Signature: [   ] **Date:** [   ]

Please use the checklist provided to ensure that you have submitted all of the necessary documents needed to successfully complete this membership form.

***Mail completed application to:** INCCRRA/Applications · 1226 Towanda Plaza · Bloomington, IL 61701*

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Gateways to Opportunity Registry Membership Form Checklist

Enclosed   **On File at INCCRRA**

❍   Gateways to Opportunity Registry Membership Form

Please include the following if you wish for them to be verified on your Registry PDR:

❍   ❍   Official transcript(s)* of college degree(s) completed *(as reported on the application)*

❍   ❍   Copies of valid credentials *(as reported on the application)*

❍   ❍   Copies of valid certifications *(as reported on the application)*

* Please include official college transcript[s] in a sealed envelope from the college or university, or request official electronic transcripts to be sent from your college or university to transcripts@inccrra.org.

> ***Mail completed application to:*** *INCCRRA/Applications · 1226 Towanda Plaza · Bloomington, IL 61701*

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