

Registration Data Elements Preview

*Indicates required information

Site Admin Registration

1. Legal First Name *
2. Legal Last Name *
3. Maiden Name (if applicable)
4. Work Email Address *
5. Additional Email Address
6. PALS Email Address
7. Primary Phone Number *
8. Position/Title (select as many as apply)
 - None of these
 - Director of Early Childhood
 - Instructional Coach
 - Director/Coordinator of Family Engagement
 - Data Manager
 - Director/Principal
 - Special Education Director
 - Director of Title/Federal Programs
 - Site Owner
 - Education Specialist
 - Director of Curriculum
 - Assistant Director/Principal
 - Director of Arts/Special Programs
 - Data Specialist/Technician
9. Are you also teaching in a classroom at your site? *
 - Yes
 - NoIf Yes,
 1. Role
 - Teacher / Lead Teacher / Teacher of Record
 - Assistant / Aide
 2. Are you an employee of the public school system? *
 3. During a typical week at your site, do you work as a Teacher/Assistant in a birth-five classroom setting, directly with children NOT yet in Kindergarten, for at least 30 hours or more each week? *
10. My Permanent Mailing Address line 1 *
11. My Permanent Mailing Address line 2
12. City *
13. State *
14. Zip Code *
15. Month and Day of Birth *
16. Gender (select one)
 - Female
 - Male
 - Non-Binary
17. Ethnicity (select one)
 - Hispanic or Latino
 - Not Hispanic or Latino
18. Race (select all that apply)
 - American Indian
 - Alaska Native
 - Asian
 - Black or African American
 - White
 - Native Hawaiian/Other Pacific Islander

Site Registration

1. Site Name *
2. Site Address line 1 *
3. Site Address line 2
4. City *
5. State *
6. Zip *
7. Phone *
8. Site Contact Email *
(The email address used specifically for the site. If the site does not have a unique email address, use the email address of the site administrator.)
9. Is the Site Address the same as the Site Mailing Address? *
 - Yes
 - NoIf No,
 - a. Mailing Address line 1 *
 - b. Mailing Address line 2
 - c. City *
 - d. State *
 - e. Zip *
10. Number of classrooms serving children ages birth to five years *
11. DSS License? *
 - Yes
 - NoIf Yes,
 - a. Date Issued
 - b. DSS License Number *
12. DSS Subsidy Vendor? *
 - Yes
 - NoIf Yes,
 - a. DSS Subsidy Vendor Number *
13. Does your site receive any of the following public funding? *

<ul style="list-style-type: none"><input type="checkbox"/> Virginia Preschool Initiative (VPI)<input type="checkbox"/> Early Childhood Special Education (ECSE or IDEA)<input type="checkbox"/> Title 1<input type="checkbox"/> Head Start<input type="checkbox"/> Early Head Start<input type="checkbox"/> Child Care Subsidy Program (VA CCSP)<input type="checkbox"/> Local Child Care Assistance (with helper text: "Local childcare assistance, such as Fairfax's Child Care Assistance and Referral (CCAR) program")	<ul style="list-style-type: none"><input type="checkbox"/> Child Care Access Means Parents in School (CCAMPIS)<input type="checkbox"/> VECF Mixed Delivery Grant<input type="checkbox"/> DOD Fee Assistance Program (Off-base)<input type="checkbox"/> DOD On-base childcare<input type="checkbox"/> None of these
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Classroom and Teacher Confirmation

1. Please confirm the classrooms at your site by editing, adding, or removing classrooms.
2. Please confirm the Teachers/Aides at your site by editing, adding, or removing Teachers/Aides.

Classroom Registration

1. Classroom Name *
2. Classroom Type *
 - Infant (0-15 mo.) Classroom
 - Toddler (16-35 mo.) Classroom
 - Preschool Classroom
3. Is this classroom operating on a full-time schedule? * (Yes/No, with helper text: "Full-time refers to a classroom which operates at least four days per week for at least 128 days per year, with classes that operate for a minimum of 3.5 hours per day").
4. Is there a VDOE-approved curriculum used in this classroom? * (Yes/No)
 - If Yes,
Select curriculum/curricula * *(This field is a type-ahead multi-select with full list of approved curricula)*

Teacher Registration

1. Legal First Name *
2. Legal Last Name *
3. Maiden Name (if applicable)
4. Work Email Address *
5. Additional Email Address
6. PALS Email Address
7. Primary Phone Number *
(the preferred number is a cell phone, if you do not have a cell phone or do not want to share it, please enter the primary phone number at which you may be contacted)
8. During a typical week at your site, do you work as a Teacher/Assistant in a birth-five classroom setting, directly with children NOT yet in Kindergarten, for at least 30 hours or more each week? *
9. Role
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