

EESLPD ENROLLMENT CHANGE FORM

Early Childhood Education Lead Teachers – Nonpublic Schools



Change Re-Employment (**Previously Enrolled**)

I am a NC Pre-K Lead Teacher in a Nonpublic School
 NC Developmental Day Pre-School Teacher
 NC PRE-K Substitute Lead Teacher
 Other Teacher in Nonpublic School

(EESLPD Unit Use Only)

SECTION I	Teacher Information	SSN (Provide all 9 Digits)
	<i>Fill in each blank or write N/A. Please print legibly or type. Enter your entire legal name as it appears on your social security card.</i>	(Required)

<input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr.	Prefix	First Name	Middle Name	Maiden Name	Last Name
Home Mailing Address			City	State	Zip
				NC	
Home Phone		Cell Phone		Alternate Phone	
Email Address			Date of Birth (mm/dd/yyyy)	County of Residence	
Ethnicity		Hispanic / Latino	Gender	Disabled	Veteran
<input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> American Indian or Alaska Native		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

SECTION II	Facility Information	Type of Program or Facility		
		<input type="checkbox"/> Private Child Care	<input type="checkbox"/> Head Start	<input type="checkbox"/> Developmental Day

I teach NC Pre-K Preschoolers Infant / Toddler Other _____

I am employed Yes No Hire Date _____ Site County _____

Site Name _____ DCD Star Rating _____ Site Phone # _____ Site Fax # _____

Site Physical Address _____ City _____ State _____ Zip _____

<input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr.	Primary Site Administrator / Director Name	Email	Phone #

<input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr.	Secondary Site Contact Name (If applicable)	Email	Phone #

This form must be completed, signed and dated by the applicant: I attest to the accuracy of the above information.

Signature _____ Date ____/____/____

*In order to continuously protect your personal identification, the Early Educator Support Licensure and Professional Development (EESLPD) Unit will ONLY accept this application and all required official transcripts and associated documents by US standard or certified mail.

Mailing Address: Attn: EESLPD Enrollment Specialist, 2201 Mail Service Center, Raleigh, NC 27699-2200
 Applicants should retain a copy of this form and any attached documentation for your records.