

Juneau HEARTS Initiative

Licensed Child Care Professional FY17 Education Incentives



The application period is now open for the next payment of Educational Incentives.

Please return by June 16, 2017. Payments will be made by June 30, 2017.

I certify that I am:

- An owner or a paid employee of a child care facility licensed by the State of Alaska within the City and Borough of Juneau, offering full day child care.

Name of Program: _____

- I am currently registered with the Alaska SEED Registry.

My SEED Registry number is: _____

- I am eligible for an Educational Incentive at the following level:

____ Tier I – CDA or 12 college credits in Early Childhood (SEED Level 6, 7, or 8)

____ Tier II – AA degree in Early Childhood Education or related field **OR** unrelated field with 18 EC credits (SEED Level 9)

____ Tier III – BA or MA in Early Childhood Education or related field **OR** unrelated field with 30 EC credits (SEED Level 10 or higher)

____ Longevity Award – I received a Tier II or Tier III award prior to July 1, 2016.

- I have been employed for the last six months as an owner or paid employee of a child care facility licensed by the State of Alaska within the City and Borough of Juneau.

- Complete the statement that applies:

For Centers: Since July 1, 2016, I have consistently worked _____ hours per week.

For Family Child Care: The average daily attendance of children other than my own is _____.

I certify that the information in this request is true and accurate to the best of my knowledge, and I understand will be confirmed by SEED. Falsification of any information can result in repayment of funds and the inability to receive future reimbursement and educational incentive funds.

This application is good for the period of January 1, 2017– June 30, 2017. I understand that I will need to submit another request for the period of July 1 – December 31, 2017.

Printed Name: _____ Date: _____

Mailing Address: _____

Signature: _____

If an employee of a child care facility, the Director or Owner of the facility must also certify that you have been employed since July 1, 2016 and that the hours worked stated above are correct

Signature of Director or Owner: _____ Date: _____