

WASHITA VALLEY CAC EMPLOYEE INFORMATION UPDATE

(PLEASE PRINT CLEARLY)

NAME: _____

DATE: _____

MAILING ADDRESS: _____

PHYSICAL ADDRESS: (if different) _____

HOME PHONE NUMBER (include area code) _____

MESSAGE NUMBER (if no home number) _____

CELL PHONE NUMBER (include area code) _____

E-MAIL ADDRESS: Work: _____ Home: _____

EMERGENCY CONTACT # 1

NAME _____

RELATIONSHIP _____

HOME PHONE _____ CELL/WORK _____

EMERGENCY CONTACT # 2

NAME _____

RELATIONSHIP _____

HOME PHONE _____ CELL/WORK _____

DOCTOR/FACILITY PREFERENCE _____

ANY MEDICAL INFORMATION OR MEDICINE EMERGENCY MEDICAL PERSONNEL MIGHT NEED:
(optional): _____

***Current or Former Head Start Parent/Guardian ___ YES ___ NO

Bachelor's Degree ___ YES ___ NO

Associate Degree ___ Yes ___ No

Degree Field _____

Degree Field # 2 _____

Current CDA ___ Yes ___ No

Oklahoma State Teaching Certification ___ yes ___ No