

Application to Observe and/or Interact with Children NOT in an Employed Caregiver Capacity

Tanaina Child Development Center
3211 Providence Dr.
Anchorage, AK 99508
(907) 786-1340
(907) 786-7788 fax
www.tanainachildren.org

It is a goal of the board of directors and staff at Tanaina that UAA students and faculty have opportunities to conduct observations and implement theory through best practice in the care and education of young children. To help ensure the health and safety of the children at Tanaina, each individual wishing to observe and/or interact with the children, outside an employed caregiver capacity, must submit the following documentation prior to spending time in the classroom:

- This completed application (**must be submitted for each observation/interaction assignment**;
- Clearance for Licensing and Release of Information (**must be notarized and renewed after six months**); and
- Child Care Staff Annual Self-Prepared Health History (**must be renewed after twelve months**).

Thank you for your interest in conducting observations of young children at Tanaina Child Development Center and your commitment to increasing your understanding of early childhood development.

PERSONAL INFORMATION

Last Name:	First Name:	Middle Initial:		
Mailing Address: Street or PO Box:		City:	State:	Zip Code:
Telephone Numbers: Home:		Work:	Cell or Pager:	Email Address:

EMPLOYEMENT and/or EDUCATION HISTORY *Please detail for the last two (2) years*

Employer/School	Contact Information	Dates Employed/Enrolled
Work Performed/Course of Study		Reason for Leaving
Employer/School	Contact Information	Dates Employed/Enrolled
Work Performed/Course of Study		Reason for Leaving
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Employer/School	Contact Information	Dates Employed/Enrolled
Work Performed/Course of Study		Reason for Leaving

UAA STUDENT INFORMATION

Undergrad/ Graduate Program	Declared Major
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DESCRIPTION OF DESIRED OBSERVATION AND/OR INTERACTION

Class Title and Course Number	Instructor's Name
Please provide a detailed description of your desired observation and/or interaction. Please include age range of child/children; what you are to observe; number, frequency, and duration of observation and/or interaction.	

I certify that this information contains no willful misrepresentation or falsification and that the information given by me is true and complete to the best of my knowledge and belief. I hereby authorize Tanaina Child Development Center to seek verification of any and all information contain herein.

I understand that the information I collect, both directly and indirectly, through the course of my presence in the classroom is confidential. Data collection and final reports are not to include actual names of the children nor am I to discuss my observation and/or interactions with anyone outside the child's classroom teacher, the center administration, the child's parent, my instructor, or classmates. Any violation of this confidentiality may result in my being barred from this or any other licensed child care facility.

Signature _____	Date _____
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TANAINA OFFICE USE ONLY

Date application received: _____	
Required Documentation	
ROI (copy kept on site and original forwarded to licensing): Attached _____	In file with previous application: _____ Date of previous ROI: _____
Health History (original kept on site): Attached _____	In file with previous application: _____ Date of previous HH: _____