

**INFORMATION UPDATE FORM**

Name: \_\_\_\_\_ Indicate Changes: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Family Type:  single, no children  married, no children  single parent  married parent

# in family, including self: \_\_\_\_\_

When do you expect to complete your degree? \_\_\_\_\_

Hours worked per week: \_\_\_\_\_ Hours worked with children ages birth through preschool: \_\_\_\_\_

License #: \_\_\_\_\_ Registered home A B C C1

Number of children licensed to care for: \_\_\_\_\_ Number currently enrolled: \_\_\_\_\_

Does your program serve state subsidy children?  yes  no If yes, what % of total enrollment is on state subsidy? \_\_\_\_\_

Is your program part of Iowa Quality for Kids (IQ4K)?  yes  no If yes, provide rating \_\_\_\_\_

NAFCC Accreditation yes no Other accreditation: \_\_\_\_\_

**Please indicate the following information about the children in your program:**

Child	Age (select one)		Hours/week	Child	Age (select one)		Hours/week
Child #1	Infant 0-1 years	Toddler 1-3 years		Child #9	Infant 0-1 years	Toddler 1-3 years	
	Preschool 3-5 years	School Age			Preschool 3-5 years	School Age	
Child #2	Infant 0-1 years	Toddler 1-3 years		Child #10	Infant 0-1 years	Toddler 1-3 years	
	Preschool 3-5 years	School Age			Preschool 3-5 years	School Age	
Child #3	Infant 0-1 years	Toddler 1-3 years		Child #11	Infant 0-1 years	Toddler 1-3 years	
	Preschool 3-5 years	School Age			Preschool 3-5 years	School Age	
Child #4	Infant 0-1 years	Toddler 1-3 years		Child #12	Infant 0-1 years	Toddler 1-3 years	
	Preschool 3-5 years	School Age			Preschool 3-5 years	School Age	
Child #5	Infant 0-1 years	Toddler 1-3 years		Child #13	Infant 0-1 years	Toddler 1-3 years	
	Preschool 3-5 years	School Age			Preschool 3-5 years	School Age	
Child #6	Infant 0-1 years	Toddler 1-3 years		Child #14	Infant 0-1 years	Toddler 1-3 years	
	Preschool 3-5 years	School Age			Preschool 3-5 years	School Age	
Child #7	Infant 0-1 years	Toddler 1-3 years		Child #15	Infant 0-1 years	Toddler 1-3 years	
	Preschool 3-5 years	School Age			Preschool 3-5 years	School Age	
Child #8	Infant 0-1 years	Toddler 1-3 years		Child #16	Infant 0-1 years	Toddler 1-3 years	
	Preschool 3-5 years	School Age			Preschool 3-5 years	School Age	

- Attachments** \_\_\_\_\_ Most recent Schedule C  
 \_\_\_\_\_ Copy of HHS registration  
 \_\_\_\_\_ Copy of IQ4K or accreditation certificate (if applicable)

I certify that the information above is complete and accurate to the best of my knowledge and the required documents are attached.

Signature of Scholarship Recipient \_\_\_\_\_

Return form to: T.E.A.C.H. Early Childhood® Iowa  
**Iowa Association for the Education of Young Children**  
 6200 Aurora Avenue, Suite 605E, Urbandale, Iowa 50322  
 Phone: 515-331-8000 • Fax: 515-331-8995

Updated 2023.08.02

**(PLEASE FOLLOW ENCLOSED INSTRUCTIONS)**