ADMISSION APPLICATION FORM

## **Children’s Coalition Ancillary Teaching Program**

## **117 Hall Street, Monroe, Louisiana 71203**

## **Telephone (318) 387-8775 FAX (318) 323-1150**

Children’s Coalition admits candidates’ and makes available to them its advantages, privileges and courses of study without regard to race, color, sex, religion, national origin, sexual orientation or disability. ***Please print with blue ink***.

***Candidates applying for admission must meet the following MINIMUM criteria:***

* 18 years old
* High school diploma or equivalent
* Be working for a minimum of 16 hours/week in a Type III classroom
* Letter of recommendation/support from employing center
* Pathways membership (complete enrollment form)
* Be employed as a lead teacher or an assistant teacher who has received assurance from their

director that they are committed to their role and will be considered for lead teacher upon EC

 Ancillary Certificate credential.

* Copy of Background check

This application packet must be completed and submitted to the **ATC Children’s Coalition Office** by **August 25, 2020.** (***No acceptations***) In addition to this application, the applicant’s current center director must submit a letter of recommendation. Please use your checklist to make sure your application is complete, **Cohort 8** will begin Thursday, **October 1, 2020**, from 5:30pm to 8:30pm. We will have limited space for face to face and all others will be virtual. Thank you for taking the time to complete this application.

**Please check one of the CDA Areas:** **Infant**\_\_\_\_\_\_\_\_\_\_ **Toddler**\_\_\_\_\_\_\_\_\_\_\_\_Preschool\_\_\_\_\_

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| **Applicant Name:** Last: |  | First: |  | Middle: |   |
| **Home Address:** Street and Number: |  |
| City/Town: |  | State: |  | Zip Code: |  |
| Home Phone #: |  | Cell Number #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Work Hours  |

 **M:\_\_\_\_\_\_\_\_\_\_ T:\_\_\_\_\_\_\_\_\_\_\_\_ W:\_\_\_\_\_\_\_\_\_\_\_\_ Th:\_\_\_\_\_\_\_\_\_\_\_\_\_ F\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Center Information**  |
| **Center Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Center Director Name:** Last: |  | First: |  | Middle: |   |
| **Work Address:** Street and Number: |  |
| City/Town: |  | State: |  | Zip Code: |  |
| Work Phone #: |  | Work Email: |  |
| **Personal email:** |  |  |  |
| ATC COORDINATOR SECTION |
| Please submit the following documents. * High school diploma or equivalent
* Letter of recommendation/support from employing center
* Pathways Enrollment Form
* Criminal Background Check

I have submitted the required information by the due date. Signature of ATC Coordinator\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(verified**) |

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| **SIGNATURE SECTION**  |
| The statements and information furnished by the undersigned in this application form are true and complete. |
| The undersigned applicant give permission for representatives of the sending center to release the applicant’s records including, diploma, letter of recommendation and pathways membership document (enrollment application) as well as any other pertinent information that may be required by the Children’s Coalitions Ancillary Teaching Certificate Program for the purpose of admission. |
| ***Our signatures certify that we have read and agree with the above statements.*** |
| **Signature of Candidate** |  | **Date:** |  |
| **Signature of Director** |  | **Date:** |  |
| **Signature of ATC Coordinator** |  | **Date:** |  |
|  |  |  |  |
| **VOLUNTARY INFORMATION SECTION**The information requested in this section is not required for admission. Submission of the information is entirely voluntary. Information submitted voluntarily by the applicant will not affect the applicant’s admission to the school. The information, if supplied, will be used for monitoring equal educational opportunity in the school district. In addition, note that applicants with disabilities may voluntarily self-identify for requesting reasonable accommodations during the entire application and admission process. Applicants who are English language learners or limited English proficient may voluntarily self-identify for the purpose of receiving interpretive services during the entire application and admission process.  |
| **Gender:** Female Male **Race:** Black White Hispanic OtherPerson with a disability: Yes If yes, do you need accommodations during the application for admission process? Yes If yes, please describe the accommodations needed.**How long have you been in Early Childhood? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Person who is an English language learner or limited English proficient: Yes If yes, do you need language assistance during the application for admission process? Yes If yes, please describe the assistance needed. |
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Due to the Pandemic we will provide both face to face and virtual trainings for cohort 8. Please indicate below your choice of training sessions. Face to Face trainings will be held at the Children’s Coalition @ 117 Hall Street Monroe, Louisiana. For virtual trainings you will need a computer or Laptop and internet. We do not recommend the use of cell phones. **Please select one**: Face to Face \_\_\_\_\_Virtual \_\_\_ |