



Enrollment Form

Original signature is required
Please use colored ink and mail or email
DO NOT FAX THIS DOCUMENT
This is **not** a scholarship application

Please print all information

Last Name _____ First Name _____
Middle Initial or Name or Maiden Name _____
Home Mailing Address _____ Lot/Apt # _____
City _____ State _____ Zip Code _____
Home Parish _____ Home Phone (_____) _____ - _____
Email Address _____

Information about you:

Birth date: ____/____/____ Social Security No: ____ - ____ - ____ Your gender: F M

Your ethnic background (Check one)

- Acadian American African American Asian American
- Caucasian American European American Hispanic American
- Native American Other _____

Is English your primary language? Yes No

Do you speak another language fluently? Yes No

If yes, what language? _____

Your educational background:

What is your highest level of education (circle one): GED High School College

Degree (circle one): Diploma Associates Bachelors Masters Other: _____

Are you currently a college student (circle one)? Freshman Sophomore Junior Senior

What is your major? _____

Do you have a current Child Development Associate (CDA) Yes No

Are you currently enrolled in a CDA Training Program? Yes No

If yes, when do you expect to apply for the CDA? _____

Do you have a National Administrator's Credential (NAC)? Yes No

Please submit copies of documents verifying your educational background.

(Include diplomas (high school, college, etc.), transcripts, NAC & CDA credentials, clock hour training certificates and any other documentation of training related to Care and Development of Young Children.)

If you have no training related to young children, please check here. _____

Information about your early childhood work experience:

Are you currently working in the early childhood field (including family child care)? Yes No

Name of employment facility: _____

Work mailing address _____

City _____ State _____ Zip code _____

Work parish _____ Work phone? (_____) _____

Job Title: ___ Director ___ Assistant Director ___ Lead Teacher ___ Assistant Teacher

 ___ Other: _____

When did you begin working in this job? (Month / Year) _____/_____

What is the total number of verifiable years that you have worked in a child care center, family child care home or early childhood field? _____

What age group(s) do you work with now? (Check all that apply)

- _____ Infants (0-12 months) _____ One year olds _____ Two year olds
- _____ Three year olds _____ Four year olds _____ School age (5-7)
- _____ School age (8-12)

Your signature below verifies this information is accurate and can be documented.

Signature _____

Date _____/_____/_____

Please return this two-sided document with your original signature.

This information will be used to enroll you in the Pathways Child Care Career Development System. The Pathways Early Learning Center Career Development System is a means of documenting your qualifications and achievement in the early childhood field. As you submit additional training, you will receive certificates and other recognition of your commitment to providing a quality program for young children.

This project is funded by the Louisiana Department of Education as an important step in improving staff qualifications and recognition in the early childhood field. This project will help you to be responsible for your own career and achievement and recognize your important skills and knowledge and the value of the work that you do.

Louisiana Pathways Early Learning Center Career Development System

1800 Warrington Place
Shreveport, LA 71101
(800) 245-8925
<http://pathways.nsula.edu>

In order for information to be processed in a timely manner for **School Readiness Tax Credit** eligibility, documentation should be **received or postmarked by December 31** of the current tax year.