



A Program of the Children's Coalition
for Northeast Oklahoma

Cohort 15

CLASS Supplies

Laptop/iPad (phone not recommended) when using Canvas

3-inch binder

150-page protectors

10 – dividers

Candidates will need these items on Thursday, **September 11, 2025.**

for the first day of class

In-Person Class only

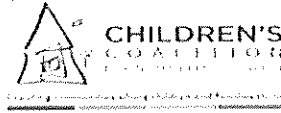
Ancillary Teaching Program
Program Checklist

Notice: No incomplete applications will be taken. All applications must be turned into the office in-person no later than Friday, June 27, by close of business(4:30pm). Once applications are processed, eligible applicants will be called to set up an interview as the next step in this process. Spots are limited and candidates are selected on a "First come, First serve" basis. The submission of an application does not guarantee a seat in the program.

- Program Admission Application Form
- High school diploma or equivalent
- Letter of Recommendation/Support from employing center
- Employment verification form
- Pathways membership document
- Scholarship Application
- Copy of criminal background check
- College Transcripts (If you attended any college)

Children's Coalition for Northeast
Louisiana 117 Hall st
Monroe, Louisiana 71201
318-323-8775
www.childrenscoalition.org





ADMISSION APPLICATION FORM
Children's Coalition Ancillary Teaching Program
117 Hall Street, Monroe, Louisiana 71201
Telephone (318) 323-8775

Children's Coalition Ancillary Teaching Program admits candidates and makes the availability to take the advantage, privilege, and course of study without regard to race, color, sex, religion, national origin, sexual orientation, or disability.

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
- Louisiana Pathways membership (complete enrollment form)
- Be employed as a lead teacher or an assistant teacher who has received assurance from their director that their (candidate) is committed to their role and will be considered for lead teacher upon receiving their ECAC - (Early Childhood Ancillary Certificate credential.)
- Copy of Background check

The application packet must be completed and submitted to the **ECAC/ATC Children's Coalition Office** by **June 27, 2025. (No exceptions)** 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 15 will begin **Thursday, September 11, 2025**, from 5:30pm to 8:30pm. **All trainings are mandatory in-person only.** **We are limited to 20 candidates for Cohort 15. First come, first served.** Thank you for taking the time to complete this application. **You may drop your application off at the Children's Coalition front desk directly to Kamie Samuel. We do not accept any faxed or emailed applications.** Your application is not complete until we receive all completed requested forms including signatures where applicable and additional information required as stated at the top of this page.

PLEASE PRINT

CDA Area: Infant _____ Toddler _____
Preschool _____

APPLICANT SECTION

Applicant Name: Last: _____ First: _____ Middle: _____

Home Address: _____

City/Town: _____ **State:** _____ **Zip Code:** _____

Home Phone #: _____ **Cell Number #:** _____

Work Hours
M: _____ **T:** _____ **W:** _____ **Th:** _____ **F:** _____

Name of Early Childhood Site _____

Early Childhood Site Code _____

Early Childhood Director Name:

Last _____ **First** _____ **Middle** _____

Early Childhood Site Address _____

License Number _____ **City /Town** _____ **State** _____

Zip Code: _____ **Work Phone:** _____ **Work Email:** _____

Early Childhood Director Personal Email: _____

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 ECAC 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 Other

Person 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.

We will only provide in-person trainings for Cohort 15 and our Canvas classes. There will be no virtual trainings. All trainings will be held at the Children's Coalition @ 117 Hall Street Monroe, Louisiana.

**Children's Coalition Institute
Early Childhood Ancillary Certificate Program
Candidate's Information Form**

Please read and complete every question on this page. This information may be answered on other pages but must be answered here as well. If there is an error on any portion of the application, please correct by putting one line through the error. Applications including any forms of correction tape or scribbled out information will not be accepted. The application packet must be completed and submitted to the ECAC/ATC Children's Coalition Office by June 27, 2025. (No exceptions) 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 15 will begin Thursday, September 11, 2025, from 5:30pm to 8:30pm. Thank you for taking the time to complete this application. You may drop your application off at the Children's Coalition front desk directly to Kamie Samuel (numbers are limited to 40) We will not be accepting any faxed or emailed applications.

CDA Area _____
(Infant•Toddler•Preschool)
Choose only one

PLEASE PRINT

Have you previously enrolled and did not complete this program?

Yes No If yes, Cohort# _____

What is your highest level of education?

High School Diploma/GED Some College College Degree _____

Currently enrolled in college. Yes No College Major: _____

Candidate's Name: Last _____ First _____ MI _____

Telephone # _____ Call: Y No Text: Y No

Mailing Address: _____ City: _____ Zip: _____

Email: _____

Date Of Birth: _____ Social Security Number: _____

Is your most current background check included with your application? Yes No

Is a copy of your High School Diploma included with your application? Yes No

Is your letter of recommendation included with your application? Yes No

Center's Name: _____ License Number: _____

Center's Address: _____ City _____ Zip _____

Center's Email: _____ Center's Phone: _____

Center Director's Name: _____

How many years have you worked in childcare? _____



EMPLOYMENT VERIFICATION FORM (To be completed by employer)

This is to verify (Print Employee Name)

Birth date: / / Social Security No: - - has worked at (Full Birthday and Social Security number are required for participation in this program)

Center Name:

License #: License Type (please circle): I II III

Center Physical Address: Center Mailing Address: (if different) [Table with 2 columns and 2 rows]

Enter the hire date at this facility for the employee named above, in the appropriate column below:

Type of Experience: administrative classroom other Hire Date: / / Termination Date (if any): / /

Enter the number of current hours per week spent in each job area(s) (not to exceed 40 hours):

Director Assistant Director Lead Teacher Assistant Teacher Other

To meet state requirements an employment verification must be signed/verified by someone other than yourself. A director's employment verification can be signed by the owner of the center, a spouse, an assistant director, a lead teacher, or other administrative personnel in the organization.

I certify that the above information is true and correct.

(Print Director/Center Representative's Name) (Director/Center Representative's Signature)

Director phone: () - / / (Date Signed)

Director Email address

Your private information is not shared outside the Louisiana Department of Education and its affiliates. This form is required for all LA Pathways members.

Return to: Louisiana Pathways Attention: Career Development 1800 Warrington Place Shreveport, LA 71101-4425 (800) 245-8925 318-677-3163

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.



Enrollment Form

Incomplete Forms will not be accepted.
Mail or email enrollment information.
DO NOT FAX THIS DOCUMENT
This is not a scholarship application but
is required for scholarship eligibility and
tax credit eligibility.

Please print all information clearly

Full Legal Name (Last, First and Middle Initial):

Home Mailing Address (include Apt/Lot if any):

Home Parish: _____

Primary Phone #: (_____) _____ - _____ (cell, home, or work - Circle one)

Alternate Phone #: (_____) _____ - _____ (cell, home, or work - Circle one)

Email Address (required): _____

Information about you:

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

Your ethnic background: (Check one)

- | | | |
|---|--|--|
| <input type="checkbox"/> Acadian American | <input type="checkbox"/> African American | <input type="checkbox"/> Asian American |
| <input type="checkbox"/> Caucasian American | <input type="checkbox"/> European American | <input type="checkbox"/> Hispanic American |
| <input type="checkbox"/> Native American | <input type="checkbox"/> 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 Name: _____

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 (along with an Employment Verification, and education documentation) to Pathways to complete your Enrollment.

This information will be used to enroll you in the Louisiana Pathways Early Learning Center Career Development System. Pathways is the child care workforce registry for the state of Louisiana and provides 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 quality care and 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
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.