



Child Care Career Development System

Enrollment Form

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Original signature is required
Please do not use black ink

This form 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.)

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 Career Development System is a means of documenting your qualifications and achievement in the early childhood field. As you receive 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 Department of Children and Family Services 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 Child Care 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.



**Family Child Care Provider
Employment Verification Form**
(Must be completed by provider)

This is to verify _____,
(Print Family Child Care Provider Name)

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

Facility Name & License # (if any): _____

Mailing Address:	Physical Address (if different from mail):

Begin Date: ___/___/___ End Date (if any): ___/___/___

(Print Provider Name)

(Provider Signature)

Contact phone: (____) _____ - _____

____/____/____
(Date Signed)

Instructions

Please attach copies of any documents verifying the validity of this claim (State Fire Marshal reports, annual home provider registrations, subsidy forms, etc.)

Your private information is not shared outside the Department of Children & Family Services and its affiliates. This form is required from all LA Pathways members.

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

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