



# 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.