



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.