



Child Care Career
Development
System

LA Pathways Child Care Career Development System Enrollment Form

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:

Last four digits of Social Security Number: _____ 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

If you have any other type of verifiable child care training such as working with children with special needs, nutrition, nursing, or management, use the following lines to describe your training:

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 Social Service Office of Family Support 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
(318) 677-3168
<http://pathways.louisiana.gov>



Child Care Career Development System

EMPLOYMENT VERIFICATION FORM

(Must 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 is required for participation in this program)

Facility Name & License #: _____

Mailing Address:

Physical Address (if different from mail):

Table with 2 columns: Mailing Address, Physical Address (if different from mail). Contains 4 empty rows.

Employee named above has the following experience in the facility named above:

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

Enter current hours per week spent in job area(s):

___ Director ___ Assistant Director ___ Lead Teacher
___ Assistant Teacher ___ Other _____

(Print Director Name) (Director Signature)

Contact phone: (____) _____ - _____/_____/_____
(Date Signed)

Instructions

Verify each applicable item on a separate form (make copies of this form as necessary)

- 1) Current child-related work experience
2) Previous child-related work

If you are unemployed AND have no verifiable previous child-related work experience, please print your name, DOB, SS#, date & sign the form, AND include a letter of intent. Your private information is not shared outside the Department of Social Services and it affiliates. This form is required from all LA Pathways members.

Return to:

Louisiana Pathways
1800 Warrington Place
Shreveport, LA 71101-4425
(318) 677-3168
(800) 245-8925

DO NOT FAX THIS DOCUMENT
Original signature is required