SOUTHERN NH SERVICES & THE DEPARTMENT OF LABOR EARLY CHILDHOOD APPRENTICESHIP PROGRAM

APPRENTICESHIP APPLICATION

<u>Date</u>		
<u>Name</u>		
<u>Email</u>		
<u>Address</u>		
Phone Number		
Name of Employer		
Address of Employer		
What is your current title?		
	Teacher	
	Assistant Teacher	
	Administrator	
	Family Child Care Provider/Assistant	
	Non-Teaching Support Staff	
	Other	
How many hours a week do you work?		
What age groups do you teach? (Please check all that apply)		
☐ Infants (0-12 Months) ☐ Toddler (13-36 Months) ☐ Preschool (37 Months − PreK)		
How long have you been working in the field of ECE?		
Do you have any college credits in ECE? yes no How Many?		