APPRENTICESHIP APPLICATION

Date

Name

Email

Address

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?