



8129 Packard Warren, MI 48089
Phone number (313) 573-0092
www.leapsnbounds.org

CDA Enrollment Form

Date: _____ MiRegistry ID#: _____

Client's First Name: _____ Middle: _____ Last: _____

Home Street Address: _____ City: _____ Zip: _____

Telephone: _____ Email: _____

Date of Birth: _____ Gender Identity: Male Female NonBinary
 Prefer Not to Answer

Race/Ethnicity: African-American Arab-American Asian Bengali Bi/Multi-Race
 Caucasian Indigenous American Hispanic/Latino Non-Hispanic/Not Latino
 Prefer not to Answer

Age: 18-24 25-29 30-39 40-49 50-59 60-69 70+

Employment Status: Full-Time Part-Time Unemployed Military Separation

Education: High School Diploma/GED College Degree

How long have you worked in childcare? _____

Direct Supervisor's Name: _____

Phone Number: _____ Email: _____

Program Name: _____ GSRP Headstart

Select One: Licensed Family/Group Home Child Care Center

Select One: Infant/Toddler (Ages 0-36 months) Family/Home Based (Ages 0-5 years)
 Preschool (Ages 3-5 years)

Which county are you employed in? _____

Why do you want to participate in this program? _____

Do you have reliable internet access? Yes No

Do you have reliable access to a computer or tablet? Yes No

Program Requirements

- Pay \$75.00 enrollment fee.
- Attend all scheduled training sessions.
- Have 120 training clock hours by the end of the program.
- Attend at least 30 hours of training within the Early Learning Community.
- Understand you cannot miss more than two training sessions. This will prohibit future enrollment into the program.
- Cannot be more than 15 minutes late or leave early -- this will count as an absence.
- Complete homework assignments.
- Agree to return books if dropped due to attendance violation.
- Provide Leaps and Bounds a copy of your CDA certificate once received from the Council of Professional Recognition (CDA Council).

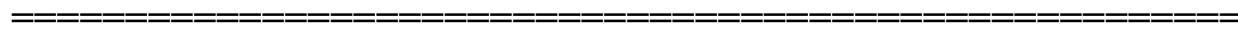
Candidate acknowledges that all program requirements must be met and completed to participate in the CDA Program:

CDA Candidate Signature: _____ **Date:** _____

Leaps and Bounds Representative: _____ **Date:** _____

Media Release: This agreement authorizes Leaps and Bounds Family Services to use the undersigned name and or likeness in articles in articles or publications for promotion, educational, informational or any other purpose without limitations. The undersigned does hereby release these organizations as to any liability to the undersigned or his or her or assigns arising from or in any way related to the above authorized use of the undersigned’s name or likeness, including liability for any express or implied inaccuracies disclosures or innuendoes. The undersigned acknowledges that he or she is not signing this Authorization and Release in reliance upon any statement or representation regarding the manner or extent of the use of the undersigned’s name or likeness by this organization.

Participant Signature: _____ **Date:** _____



For L&B Staff Use:

Enrollment Fee: _____

Cohort #: _____

TABE Score: _____

CDA Award Date: _____

Diploma/GED: _____