



8129 Packard Warren, MI 48089  
Office: (586) 619-9997 Fax: (586) 759-5449  
www.leapsnbounds.org

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  Other: \_\_\_\_\_

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

Employment Status:  Full-Time  Part-Time  Unemployed

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)

How did you hear about this program? \_\_\_\_\_

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.
- Complete homework assignments.
- Cannot be more than 15 minutes late or leave early – this will count as an absence.
- Provide Leaps and Bounds a copy of your CDA certificate once received from the Council of Professional Recognition (CDA Council) and you will be reimbursed \$25 of the enrollment fee.

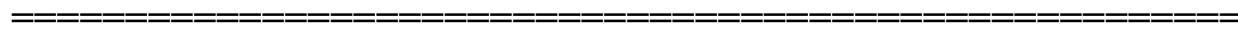
**Candidate acknowledges that all program requirements must be met and completed to participate in the CDA Program:**

**CDA Candidate Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Leaps and Bounds Representative:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**Participant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**For L&B Staff Use:**

**Enrollment Fee:** \_\_\_\_\_

**Cohort #:** \_\_\_\_\_

**TABE Score:** \_\_\_\_\_

**CDA Award Date:** \_\_\_\_\_

**Diploma/GED:** \_\_\_\_\_