



CAPHR & THE DEPARTMENT OF LABOR
EARLY CHILDHOOD PRE-APPRENTICESHIP PROGRAM

PRE-APPRENTICE APPLICATION

Full Name: _____

Email: _____

Address: _____

Phone Number: _____

Date of Birth (MM/DD/YYYY): _____

Name of High School: _____

Which education path will you take?

Associates Degree Associate Teacher Certificate CDA Undecided

Why do you wish to participate in the Early Childhood Apprenticeship program?

Parent/Guardian Consent (Required for Applicants Under 18)

As the applicant's parent/guardian, I understand that participation in the Early Childhood Pre-Apprenticeship Program involves educational and work-based learning opportunities. I consent to my child's participation and acknowledge that they will be required to follow program guidelines.

Parent/Guardian Name: _____

Phone Number: _____ Email: _____

Signature: _____ Date: _____

Applicant Signature

By signing below, I certify that the information provided in this application is accurate and that I am committed to participating in the Early Childhood Pre-Apprenticeship Program.

Applicant Signature: _____ Date: _____

Return completed application by scanning and emailing to:

Amanda Enos, Early Childhood Apprenticeship Support Coordinator at aenos@caphr.org