

East Oak Lane LEAP Retreat Application

Saturday, 1/23/10

Name:		
Program name:		
Program address:		
Home address:		
City:	State:	Zip:
Work phone:		Home phone:
Email:		
*Date of Birth:		*Last 5 (not 4 but FIVE) of SSN#:

* required in order to receive PA Keys Professional Development credit

I am a: family child care provider ____; teacher in a center ____; school-aged teacher ____; director ____; other _____. I am a DVAEYC member: yes ____; no ____.

I have been in my current job for ____ years and have been in the ECE field for ____ years.

I have attained the following: HS diploma ____; CDA ____; AA ____; BA ____; MA ____

I currently work with children ages _____. I heard about LEAP through _____.

Why would you like to participate in LEAP?

What are the problems in child care that you would like to change?

Have you ever taken a leadership role—at work, in your neighborhood or church? Describe a time when some action you took made a positive difference.

I would like to apply for the following Professional Development credits:
 ____ PA Keys Professional Development (8 hours) ____ Act 48 (\$10 processing fee required)
 (If you expect your program to pay for the training, consult appropriately before applying.)

LEAP Training agreement: I understand that if I am accepted as a participant I agree to

- pay a fee of \$30 (\$25 if a DVAEYC member, scholarship help available);
- participate fully in the day's activities;
- continue to advocate for improving child care and child care jobs in my community by participating in the Worthy Wage Campaign, QUEST, or another group advocacy effort;

Signature _____ Date _____

Send application to: **LEAP**, Attention Pamela Haines
 DVAEYC, 1608 Walnut St., Suite 1400, Philadelphia, PA 19103
 Phone: 215-893-0130 x228 . Fax: 215-893-0205 . pamela@dvaeyc.org