

|   | ARTB 320                     | (310) 660-3593 ext. 6022           | seeds@eld          | camino.edu  |  |
|---|------------------------------|------------------------------------|--------------------|-------------|--|
| ☐ El Camino College   |                              | El Camino College Comp             | ton Center         | Date        |  |
|   |                              | CONTACT INFORMATIO                 | N                  |             |  |
| Name(As shown o   | n vour Student ID)           |                                    |                    | _Student ID |  |
|   |                              |                                    |                    |             |  |
|   |                              |                                    |                    |             |  |
|   |                              | Zip                                |                    |             |  |
| Cell Phone  |                              | Home Phor                          | ne                 |             |  |
| Work Phone  |                              | Email                              |                    |             |  |
|   |                              | WORK INFORMATION                   |                    |             |  |
| Is this a Head Start Program If yes, what is the name of Address of the Head Start City | m? □no □ the Head Start Prog |                                    | o Code             |             |  |
|   |                              | Supervisor's Na                    |                    |             |  |
| What is your job title at you   | r worksite?                  |                                    |                    |             |  |
|   | CHILD                        | DEVELOPMENT PERMIT INF             | ORMATION           |             |  |
| Do you have a Child Devel   | opment Permit?               | no Uyes If yes, what le            | evel?              |             |  |
| Are you interested in upgra   | ding or renewing yo          | our Child Development Permit?      | □no □              | yes         |  |
| Do you have a professiona   | growth advisor?              | □no □yes □ I d                     | o not know.        |             |  |
| If you do not have a Child [  | Development Permi            | t, are you interested in obtaining | g one? $\square$ r | no 🔲 yes    |  |

| DEGREE INFORMATION  |
|---|
| Do you currently have an associate's degree (A.A.)?   |
| From which college did you earn your A.A. degree?   |
| If no, are you interested in obtaining an A.A. degree?  no yes  |
| Do you have a bachelor's degree?  |
| From which college did you earn your bachelor's degree?   |
| If no, are you interested in obtaining a bachelor's degree?  on o   |
| To which college or university do you wish to transfer?   |
| 1st Choice 3rd Choice   |
| I do not know at this time.   |
| RELEASE   |
| The El Camino College Seeds Head Start Career Advancement Partnership has my permission to use pictures or videos of me at program events or campus sponsored activities for use in printed and/or electronic materials. In addition, the information on this application may be used by El Camino College as part of institutional research. |
| Signature Date  |
|   |
| YOUR THOUGHTS AND OPINIONS MATTER TO US (THIS AREA IS OPTIONAL)   |
| What worries you most about coming back to school or completing your courses?   |
| What barriers (if any) do you see as keeping you from reaching your goals?  |
| What support services would help you succeed in your courses and in obtaining your Child Development Permit and degrees?  |
| Comments:   |