

Discover the leader within –
with the **Parent Leadership Academy**

A program to inspire and engage leaders **for** children.



Enrollment Application:

Deadline: 1/31/2012

Contact Information:

Name: _____

Address: _____

Phone: _____ (home) _____ (cell)

E-mail: _____

(Please note: Regular internet access with an e-mail address is required for all participants)

Family Information:

No. of Children: _____ Ages: _____ School(s): _____

Childcare assistance is available. Circle here if childcare will be needed: No / Yes (An enrollment form will be provided.)

Demographic Information – Parent Leadership Academy is frequently required to include demographic information about our applicants in grant applications and reports. It would be helpful to us, but not required, if you provided the following information:

Date of Birth (Month/Date/Year) _____/_____/_____

Race: (check all that apply)

- African-American Asian/Indian
 Asian/Pacific Islander Caucasian
 Latino Native American
 West Indian Other

Marital Status:

- Single Married Divorced Widowed

Gender: Female Male

Employment Status:

- Employed Retired In-Transition

Highest Level of Education Completed:

- High School Diploma Bachelors Degree
 Some College/Secondary Education Masters Degree
 Associates Degree Professional Degree

Current Household Income:

- Under \$16,000 \$50,000 - \$75,000
 \$16,001 - \$22,500 \$75,001 - \$100,000
 \$22,501 - \$50,000 \$100,000+
 prefer not to answer

Experience and Expectations:

(Please use a separate sheet of paper if necessary.)

1. What issues concern you for your children and others?

2. What skills would you like to learn to become a strong leader?

3. The Parent Leadership Academy seeks to identify participants with different community and leadership experiences. The program will be designed to build upon your past experience, knowledge and interest. To help us meet our goals, please tell us about your responsibilities in other organizations (community, civic, professional, business, religious, social and others) of which you are or have been a member.

4. How will you use this training in the future? What goals, if any, do you have in mind at this time?

Signature of Applicant: _____ **Date:** _____

Please note that your signature is an agreement to the required time commitment (one-day class retreat, training sessions plus approximately 10 hours to a class chosen project.) There is no fee for the training due to grant funding from SERVIC T PIRC. Class size is limited to 15 and admission decisions are made as applications are received, please submit your application as soon as possible.

Please mail the completed form to:

Parent Leadership Academy
c/o Amy Witbro,
Enfield Public Schools,
27 Shaker Road, Enfield, CT 06082

or you may e-mail them to:

Lisa Rogers, PLA Coordinator
mrogers03@snet.net 860-749-4852
Chris Chesworth, PLA Recruiter
cches16@cox.net 860-212-1237



Childcare Enrollment:

Name of Parent or Guardian:

Address:

City: _____ State: _____ Zip Code: _____

Telephone: (Home) _____ (Cell) _____

E-mail: _____

Name of Child _____ School _____ Grade _____ Age _____

Name of Child _____ School _____ Grade _____ Age _____

Name of Child _____ School _____ Grade _____ Age _____

Name of Child _____ School _____ Grade _____ Age _____

Name of Child _____ School _____ Grade _____ Age _____

Please list any developmental or dietary restrictions that might require special attention:

Signature of Parent or Legal Guardian _____ Date _____

Signature indicates that you accept full responsibility for your child before, during and after childcare hours. This application must be completed and submitted with Class enrollment materials by the enrollment deadline.