

Discover the leader within –
with the Parent Leadership
Academy



Enrollment Application:

Deadline: 2/25/2011

Contact Information:

Name: _____ M / F _____

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.)

Status: _____ Single _____ Married _____ Divorced _____ Widowed

Education: _____ High School _____ Some College _____ Associate Degree _____ Bachelor Degree _____ Other

Race/Ethnic Background (Optional):

_____ White _____ African American/Black _____ Hispanic/Latino _____ Asian _____ Other

Experience and Expectations:

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. Please use a separate sheet of paper if necessary.

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 funding from SERC\CT PIRC.

Class size is limited to 15 and admissions 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 at mrogers03@snet.net .



Answers to frequently asked questions:

- ❖ **Classes are held on Thursday evenings from 5:30p.m.- 8:30 p.m. once a week beginning in early March and will run for 12 weeks.**
- ❖ **Sessions are run by professional trainers in the areas of, but not limited to: leadership styles, running productive & effective meetings, conflict management & resolution, public speaking, project planning.**
- ❖ **There is no charge to the participants of the Parent Leadership Academy other than time and commitment.**
- ❖ **The cost for the classes, the materials and childcare is paid by grant funding.**
- ❖ **Parents, grandparents and primary caregivers are welcome to apply. Applicants should be residents of Enfield or has a child that resides in Enfield.**
- ❖ **The classes are for men and women of all ages and backgrounds.**
- ❖ **A complimentary light dinner will be provided before each class.**
- ❖ **Free childcare provided. (Request for on-site childcare assistance should be submitted with the enrollment application.)**
- ❖ **Regular access to the internet or an e-mail account is required to participate.**
- ❖ **Regular attendance required to graduate and receive the Leadership Certificate.**
- ❖ **At least 10 volunteer hours of participation in a community project (chosen by the class) is required.**
- ❖ **All classes will be conducted in English.**
- ❖ **Graduation ceremony will be held in June.**

For more details please call or e-mail one of our Program Coordinators:

Amy Witbro

Enfield Public Schools

awitbro@enfieldschools.org

Lisa Rogers

Parent Leadership Academy

mrogers03@snet.net

860-749-4852



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 _____

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.