

**Rockingham County Partnership for Children, Inc.**  
**Child Care Resource and Referral**  
**Application to Provide Child Care at Parent Trainings**  
P O Box 325 Wentworth, NC 27375 Phone: 342-9676

**Section I: Individual Information**

<b>Last Name</b>	<b>First Name</b>	<b>Middle Initial</b>	<b>DOB</b>
<b>Home Mailing Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Home Phone #</b> ( )	<b>Business Phone #</b> ( )	<b>Years In Early Childhood</b>	
<b>Place of Employment – Name and Address</b>			
<b>Educational or Professional Memberships</b>			

**Section II: Educational Information**

School	Name & Location	Dates Attended		Course Of Study	Degree/ Diploma
		From	To		
High School					
Other Education, Use this space for Colleges or Universities that you have attended.  <b>Documentation should be attached</b>					
	<b>Conference/Workshop Title</b>	<b>Sponsoring Agency</b>		<b>Date Attended</b>	<b># Credits</b>
Please use this space for conferences and workshops that you have attended that included content about positive child guidance or Conscious Discipline®.					

**Section III: Work Experience Related to Child Care/Child Development/ Early Childhood**

JOB TITLE	EMPLOYER	DATES OF EMPLOYMENT	References (name and phone)