



Main Campus
6305 State Road 70 East
Bradenton, FL 34203
941.751.7900

**EARLY CHILDHOOD EDUCATION APPRENTICESHIP PROGRAM
APPROVAL FORM**

Please complete and return to MTC via e-mail: meluchm@manateeschools.net or mail to:
6305 State Road 70 East, Bradenton, FL 34203 Attn: Michelle Meluch

Personal Information:

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____ **Phone:** _____

Date of Birth: _____ **DCF Transcript Number #:** _____

E-Mail Address: _____

Additional Enrollment Information:

High School Grad/GED: _____ **Graduation Year:** _____

Classes (Check those that apply): 45 HR ____ CPR ____ First Aid ____

Education/Training in the child care industry (for advanced placement in program):

Employer Information:

Name: _____ **Hire Date:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____ **Phone:** _____

Date Application Returned: _____ *Committee Approval:* _____ *Level:* _____

Date Application Returned: _____