



Career Development Apprenticeship Sponsor Application

DIRECTIONS—Fill this form completely and return to:
Wyoming Children's Action Alliance, 3116 Old Faithful Road, Suite 100, Cheyenne, WY 82001
All information from this form will remain confidential.

Date of Application: _____

Facility Name: _____

Facility Address: _____

City: _____ State: _____ Zip: _____ County: _____

Business Phone: _____ Fax: _____

Director's Name: _____

Director's educational Level: _____

How many years have you been in business at this location? _____

What kind of services do you provide: Family home child care Family center child care
 Child care center Multiple child care centers Head Start Preschool Developmental Preschool

The following information must be answered (no personally identifiable information will be shared: this information is for data collection purposes only).

How many child care professionals do you employ? _____

By my signature below, I certify that the information is true. I understand that my failure to answer all of the questions honestly will result in the denial of my application.

Signature of Director

Date