

**Child Care Connections of Cleveland County  
Education Incentive Bonus  
2018-2019**

Date: \_\_\_\_\_

\*Name: \_\_\_\_\_

\*Mailing Address: \_\_\_\_\_

\*City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

\*Telephone #: \_\_\_\_\_ \*Email: \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Do you have a current Professional Development Plan on file? yes or no

\*Child Care Facility: \_\_\_\_\_

Semester: Fall [ ] Spring [ ]

Classes enrolled in:

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

(Please continue on back if needed)

\* Please contact us if any of this information changes

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**For Office Use Only:**

Grades: Class 1: \_\_\_\_\_ Class 2: \_\_\_\_\_ Class 3: \_\_\_\_\_ Class 4: \_\_\_\_\_

Check Issued Date: \_\_\_\_\_ Check #: \_\_\_\_\_

[ ] Approved [ ] Disapproved Amount: \_\_\_\_\_

Review Team: \_\_\_\_\_

