

EChOS

For more information, please complete this form and forward to Dr.
Martha Latorre at: mcarlo@siue.edu

1. Date: _____
2. Name: _____
3. Address: _____
4. City: _____ State: _____ Zip: _____
5. Phone: _____ work/ cell/ home
6. Email: _____ @ _____
7. Degree achieved: _____
8. Past coursework: _____
9. Past child care experience: _____

Preferred days for classes: Evening Saturday Summer

Preferred evening time: 4:30-7:30 5:30-8:30 6:00-9:00

Additional information: