



## CDA Course Application

Applicant Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Can you receive texts?  Yes  No

If yes to texts, what is your cell phone carrier? (example: AT&T, Sprint, Verizon, etc.) \_\_\_\_\_

Program Name: \_\_\_\_\_

Program Phone: \_\_\_\_\_

County:  Broome  Tioga  Chenango

Program Type You are Currently Working In: (You must be working in a program to obtain a credential)

- |                                                              |                                                        |
|--------------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Registered Family Child Care        | <input type="checkbox"/> Child Care Center             |
| <input type="checkbox"/> Licensed Group Family Child Care    | <input type="checkbox"/> School-Age Child Care Program |
| <input type="checkbox"/> Head Start/Early Head Start Program |                                                        |

Are you assigned to a permanent classroom?  Yes  No

Employment Status:  Full-time  Part-time  Other: \_\_\_\_\_

Normal Work Hours: \_\_\_\_\_ Best Time To Reach You: \_\_\_\_\_

Education:

- Less than high school
- High school diploma/GED
- Associate's (2 year) degree in \_\_\_\_\_
- Bachelor's (4 year) degree in \_\_\_\_\_
- Other: \_\_\_\_\_

Number of years in field: \_\_\_\_\_

Type of Credential Desired: ***Please choose only ONE!***

(You must be observed by the CDA Council working with the age group associated with the credential you are pursuing. For example, you want an infant/toddler credential, you must be able to be observed working with young infants, mobile infants, *and* toddlers, so choose the age group with which you expect to be working.)

- Infants / Toddlers  Preschool  Family Child Care



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In order to implement material learned during the CDA classes, you need support and cooperation with your program director and classroom lead teacher.

Do you have support from your program director and classroom lead teacher?  Yes  No

Director Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Lead Teacher Name: \_\_\_\_\_ Signature: \_\_\_\_\_

### Sections Applying For:

- Part 1 – Fall Classes (\$1250)
- Part 2 – Spring Classes (\$1250)
- Both (\$2500)

### Payment Option (Please check ALL that apply):

- I qualify for a full scholarship through EIP
- I am responsible for paying the full cost.
- I need to set up a payment plan.
- I qualify for a partial scholarship through EIP
- My employer is contributing \$\_\_\_\_\_.
- I need help applying for an EIP scholarship.

I understand by signing this form, I am committing myself to fulfill the requirements of the CDA program and will be responsible for the full cost of the program, whether or not EIP money is available.

***I have included the \$100.00 registration fee with my application.***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Send the completed application for and the \$100.00 registration fee to:

Ann Shear  
Family Enrichment Network  
1277 Taylor Road, Suite 9 B  
Owego, NY 13827

If you are using EIP funds or other scholarship funds, please also include verification documentation.