



CDA Course Application

Applicant Name: _____

Home Address: _____

Email Address: _____

Phone you can be reached at during the day: _____ cell work home

Phone you can be reached at early evening: _____ cell work home

Program Name: _____

Program Phone: _____

County: Broome Tioga Chenango Number of years in field: _____

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 If no, explain your work assignment:

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, if 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.

At this time, child care is not provided; you must make your own child care arrangements. However, we are exploring the possibility of some sort of group care arrangements. Please complete the following mini survey.

If group child care was available for class members, would you be willing to contribute to cover the cost?

no yes If yes, how much could you afford to contribute for 3 hours of care, twice a week? \$_____

How many children do you have that would require care? _____ Their ages? _____

You will be notified ***if*** the option for child care becomes available.

Updated on 8/2/17