



CDA Course Application

Please Print Clearly!

Applicant Name: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Program Name: _____

Program (work) 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 permanently assigned to a 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, 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 Class (\$1250)
- ☐ Part 2 Class (\$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 non-refundable registration fee with my application.

Signature

Date

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

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

Cortney Nornhold
Family Enrichment Network
1277 Taylor Road, Suite 9 B
Owego, NY 13827

* Make checks payable to "Family Enrichment Network"