For CDTC Use Only #

Child Development Training Consortium (CDTC)
2010-2011 Participant Profile

College: _____

Return to: _____ **Due Date:** _____

All spaces on this form **MUST** be completed or the form **WILL BE RETURNED.** Please **PRINT** in blue or black ink or **TYPE.**

A. Student Enrollment Information: (Student must complete this section)

Social Security Number: (Last six digits of SS# are REQUIRED) xxx- ____ - _____

Student ID Number: _____ **Email Address: (Optional)** _____

Student Name: (First) _____ **(M.I.)** ___ **(Last)** _____

Mailing Address: _____ **City:** _____ **Zip Code:** _____

Home Phone: (____) _____ **Work Phone: (____)** _____

Is this your first application to the Child Development Training Consortium? ___ Yes ___ No ___ Not Sure

Gender: ___ Male ___ Female

1. Ethnic Background: ____ African-American ____ American-Indian or Alaskan Native ____ Asian or Pacific Islander ____ Caucasian

____ Hispanic ____ Multi-racial ____ Decline to answer ____ Other: (Specify) _____

2. Which Child Development Permit do you currently hold? (Check one)

____ None ____ Assistant ____ Associate Teacher ____ Teacher ____ Master Teacher ____ Site Supervisor

____ Program Director ____ Children's Center Instructional ____ Children's Center Supervisory ____ Other: (Specify) _____

3. Which Child Development Permit will you apply for next? (Check one)

____ Renew current permit ____ Assistant ____ Associate Teacher ____ Teacher

____ Master Teacher ____ Site Supervisor ____ Program Director

4. Current Position: (Check all that apply)

____ Family Child Care ____ Assistant/Aide ____ Associate Teacher ____ Teacher

____ Master/Head Teacher ____ Site Supervisor ____ Program Director ____ Substitute

____ Other: (Specify) _____

5. Long-Term Goal: (Check all that apply)

____ Assistant ____ Associate Teacher ____ Teacher ____ Master Teacher

____ Site Supervisor ____ Program Director ____ Family Child Care ____ Elementary Education

____ Own a Center ____ Other: (Specify) _____

6. Indicate the ages of children you work with: (Check all that apply)

____ Infant-toddler (Birth to 3 years) ____ Preschool (3 to 6 years)

____ School-age (Kindergarten, before/after school or off-track care only)

7. Have you attended another community college this year? ____ Yes ____ No

If yes, write the full name: _____

B. Current Enrollment Information: Do not list PE or general work experience classes. Child Development work experience may be listed.

Check current semester/term:		Summer '10		Fall '10		Winter '11		Spring '11

Department/Course Number/Course Title	*Section #*	*Instructor*	*No. of Units*
1.			
2.			
3.			
4.			
5.			
		Total Units =	

Current Enrollment Information Section Continued on Page 2.

Student Name: (First) _____ **(M.I.)** ____ **(Last)** _____

College: _____

B. Current Enrollment Information Cont. **(Student must complete and sign this section)**

Who pays for your tuition? (Check all that apply)

____ Self ____ Parents ____ BOG ____ Employer ____ Scholarship ____ Other: (Specify) _____

Who pays for your books? (Check all that apply)

____ Self ____ Parents ____ BOG ____ Employer ____ Scholarship ____ Other: (Specify) _____

I authorize the college to send my grades to the CDTC and I certify that all information provided is true and correct:

X _____ **Date:** _____

Student Signature

C. Employer or Self Employment Information: Do not use any abbreviations or acronyms.
(Director/Site Supervisor/Provider must complete all items below and sign this section)

Name of Employing Agency: _____ **County:** _____

Employing Agency Address: _____ **City:** _____ **Zip Code:** _____

Center Name: (If different from above) _____

Classroom/Group Type: ____ **Infant/Toddler** ____ **Preschool** ____ **School-Age**

Facility License Number: _____

Note: Only student applicants who own a licensed family childcare are required to attach a copy of their current DDS license.

OR

License exemption: (Check only one)

____ On School Site Parents On Site/Co-op ____ Military ____ Parks and Recreation

____ Tribal ____ Employment Agency ____ Home Base Before/After School Program

____ Adult Ed./Child Care

Program Funding Received: (Check all that apply)

____ City/Municipal ____ Parent Fees ____ Head Start CA Dept of Education, Child Development Division (CDE/CDD) direct-funded

____ CDE/CDD Alternative Payment Voucher Other: (Specify) _____

Agency/Center Type: (Check only one)

____ Public ____ Private Non-Profit ____ Private-for-Profit ____ Licensed Family Child Care

Name and Title of Person Verifying Employment: _____

(Print Name) **(Print Title)**

I certify that the student named above is employed by this agency:

X _____ **Phone:** _____ **Date:** _____

Employer Signature (Student may not sign on application unless he/she is a family child care provider)

D. Campus Coordinator Certification Section: (Coordinator must complete and sign this section)

~ For Coordinator Use Only. Original *profile must be submitted to CDTC* ~

I certify this student is eligible for CDTC services and has been enrolled according to CDE/CDD priorities:

Priority #: (If applicable) _____ **Date Received:** _____

Coordinator Approval: (Required for CDTC processing)

X _____ **Date:** _____

Coordinator Signature